GENDER ASSESSMENT FOR THE DEMOCRATIC REPUBLIC OF CONGO

July 31, 2012

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DISCLAIMER

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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>CDCS</td>
<td>Country Development Cooperation Strategy</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all Forms of Discrimination against Women</td>
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<td>CEPAS</td>
<td><em>Centre d'Etudes pour l’Action Sociale</em> (Center for Study of Social Action)</td>
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<tr>
<td>DDR</td>
<td>Disarmament, Demobilization, and Reintegration</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<td>dTS</td>
<td>Development and Training Services</td>
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<td>ESP</td>
<td>Pedagogical Training Institute</td>
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<td>ESPS</td>
<td>Secondary Education Pedagogical Service</td>
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<td>GHI</td>
<td>Global Health Initiative</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GII</td>
<td>Gender Inequality Index</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<tr>
<td>IFPRI</td>
<td>International Food Policy Research Institute</td>
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<td>ISTM</td>
<td>Institute for the Study of Medical Technology</td>
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<tr>
<td>ITN</td>
<td>Insecticide Treated (bed-)Nets</td>
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<td>IMR</td>
<td>Infant Mortality Rate</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MMR</td>
<td>Maternal Mortality Rate</td>
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<td>MONUSCO</td>
<td>United National Military Observers Group</td>
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<td>NGO</td>
<td>Non-Government Organization</td>
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<td>PMI</td>
<td>President’s Malaria Initiative</td>
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<td>RDC</td>
<td>Republique Democratique du Congo</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>TB</td>
<td>Tuberculosis</td>
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MAP OF DEMOCRATIC REPUBLIC OF CONGO
EXECUTIVE SUMMARY

PURPOSE OF THE ASSESSMENT
This assessment analyzes gender and development in the Democratic Republic of Congo (DRC) and provides recommendations for development of the USAID/DRC 2013-2018 Country Development Cooperation Strategy (CDCS). Contextualized by USAID’s March 2012 Gender Equality and Female Empowerment Policy, the Global Health Initiative, and the US National Action Plan on Women, Peace and Security, it identifies gaps in gender and development programming and ways to address them in order to promote equitable and sustainable impact. The focus is on fundamental cultural understanding of gender, the roles of men and women, changes underway among youth and in urban areas, and regional variation. It is not an evaluation of the existing program or projects in any sector, and it does not provide either a road map for development of the new program or detailed recommendations for sector activities.

METHODOLOGY
The study employs qualitative ethnographic and sociological methods of key informant interviews and focus group discussions in seven of DRC’s 11 provinces: Katanga, Maniema, North Kivu, Bas-Congo, Kinshasa, Bandundu and Equateur (see map for study locations). The study involved a wide range of men and women in and out of school and in diverse business and civil society occupations in the focus groups. Members of government, international and domestic civil society, religious organizations, and the private sector were engaged in the interviews. About 650 individuals took part in 69 focus groups; nearly 100 individuals were interviewed as key informants in 84 meetings during six weeks in April and May, 2012.

Two teams led focus groups; each worked in three provinces and Kinshasa. Each team included a staff member from the dTS office in Kinshasa, and a facilitator from Kinshasa, a local assistant, and two local note takers from CEPAS, the domestic subcontractor. The subcontractor took care of all logistical arrangements, including inviting focus group participants, and was also responsible for analyzing the discussion notes to prepare summaries. Two interviewers, one international and one domestic, traveled together to the provinces to conduct key informant interviews; they collaborated on a few, but usually worked individually and discussed their experiences each evening. CEPAS identified potential interviewees in each province, provided contact details, indicated those more willing to be interviewed, and provided logistical support.

MAJOR FINDINGS

CULTURE AND GENDER ROLES
The assessment revealed deeply-embedded traditional customs of Congolese culture – the pre-conscious, “meta-level” patterns that condition (but do not determine) thoughts, perceptions, speech and actions – which define men as dominant and women as submissive. Fundamental to masculine and feminine personal identity, they are supported by sanctions on behavior in extended family and community life, bolstered by beliefs in religion and witchcraft, and reinforced by the Family Code. Power in all socio-cultural (and thus institutional) domains is generally structured as a zero-sum construct and wielded in a predatory manner; one person’s gain is another’s loss, not a source of mutual advantage. For this reason initiatives in women’s empowerment are commonly thought to target men. Social transactions are facilitated by the “currency” of exchanged favors. Men, it is said, have money and material goods, but women, whose access to land and money is very limited, have only their bodies. Therefore, girls who do well in school and women who attain
prominent positions are often regarded with suspicion. Masculinity is considered to be compromised if a man fails to exert authority in the home, helps with domestic tasks, or is unable to provide for his family (which is stressful due to widespread poverty in the country). Extended family and neighbors are quick to condemn deviations from the ideal.

**VIOLENCE AGAINST WOMEN**

Violence against women is common in all study areas. Domestic violence occurs regularly and is said to show that a man has not lost interest in his wife or partner and found another woman. Informants in all areas visited by the assessment team said that rape is very common. However, they said it is rarely reported because people distrust the police and judiciary and fear reprisals. Some noted that officials and successful businessmen are among the greatest offenders.

International attention to violence during nearly two decades of fighting in eastern DRC has focused on rape as a weapon of war, even overshadowing reports of violence directly related to military action. Men and boys as well as women and girls are victims, and civilians as well as soldiers and militia men are responsible. A large effort to address sexual violence in eastern DRC has been underway for over a decade. USAID's holistic approach, including strong programming in health care and psychological support for survivors, has been recognized for its effectiveness. Community-based programming to promote behavior change, and engagement of both men and women in long term capacity building to address basic social and economic development needs, are recognized as crucial for reaching the roots of conflict and violence in the region.

Recent critiques of the overall effort by both international and domestic organizations note decreasing levels of cooperation and increased competition for "customers" among agencies. They report overemphasis on statistics for reporting to donors; biased problem statements leading to suboptimal policies and programs; establishment of parallel systems for service delivery; and growing cynicism. Fundamental problems, including the domestic violence, child abuse, teenage pregnancy, malfunctioning of the justice system, poverty, and poor health care receive inadequate attention. The need to analyze both gender and violence much more broadly has thus become a priority for development programming in the DRC.

**CHANGES UNDERWAY**

Change is evident among youth and residents of urban areas. Girls’ access to education is frequently noted as a catalyst for change, though in many rural areas, most are only able to attend primary school for a few years. Many well-educated urban youth prefer to choose their own marriage partners, aspire to smaller families, and wish to name their children themselves, rather than give this privilege to village-based elders. Increasing numbers of couples cohabit rather than marry, even though unmarried women lack both status and the legal protections available to divorced women if (as is reputedly common) the husband or partner abandons them and their children. Polygamy is also said to be losing favor, partly due to economic pressure. Urban youth commonly say that women and men are equal in education and work, yet the traditions of domestic life remain very strong. It is considered crucial to masculinity that men are head of the family; women do not seek fully equal partnership, though they may aspire to share in decision making.

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1 Douma, Nunke and Dorothea Hilhorst, “Fond de Commerce?: sexual violence assistance in the Democratic Republic of Congo, Wageningen University, Disaster Studies, Occasional paper 17, 2012. (Other recent reports, e.g.: the EU’s May 2012. “Bilan de la lutte contre les violences liées au genre en RDC,” have raised similar concerns.
REGIONAL VARIATION
The similarity among all regions of the country in this study was striking. Despite economic variation (like the importance of mining in Katanga and fishing in Equateur), matrilineal organization (in Bas-Congo, Bandundu, and possibly adjacent areas), and historical influences (particularly war and militia conflict in North and South Kivu), the gender-based constraints on men and women are surprisingly consistent throughout the country.

CONCLUSION
Gaps in gender and development programming include overemphasis on the eastern region of the DRC, and inadequate attention to the deep cultural roots of discrimination and violence against women. Failure to understand the importance for men to provide for their families, despite poverty and poor infrastructure, and to maintain dominance, especially in their homes, contributes to the apparent resistance to programs that seek to empower women and promote parity between the sexes. Resistance persists, even when women’s empowerment might enhance the well-being of all family members, for example, by enhancing access to information, education, and credit. Lack of health services targeted to men also makes it harder to promote their greater engagement in family health and family planning.

OVERALL RECOMMENDATIONS
To close the gaps in gender equality and promote sustainable impacts, this assessment makes a broad range of recommendations for consideration in USAID’s new strategy for the DRC:

- Focus on both men’s and women’s interests and needs and on youth to best promote behavior change in the near future, balancing activities among regions of the country (rather than focusing primarily on the East);

- Reformulate the approach to empowering women to avoid reinforcing the common assumptions that this implies disempowering men, which will also avert (further) backlash. Consider, for example, appealing to joint male and female efforts to foster national development, rather than referring directly to power, and build on the growing recognition of equality between women and men in education and work to promote greater gender parity in the rigid, sensitive domestic sphere;

- Work with communities in a participatory manner, finding space for men or women separately – or for both together – to reflect and create their own change, and to minimize change being seen as a response to outsiders’ directives;

- Address the full range of sexual and gender-based violence, including exploitation of women’s labor and their exclusion from decision-making roles. Consider the extension of services by organizations that provide legal assistance to victims and their families.

- In project management:
  - Require critical gender analysis early, ensuring balance among the needs and interests of women, men, girls, and boys, and make sure it is comprehensively applied in detailed planning and implementation of all activities.
  - Demand the gathering and use of sex-disaggregated statistics in all phases of work, and ensure prompt adjustments in response to intermediate results in order to promote better outcomes.
Specifically, to achieve sustainable impacts, it is recommended that USAID support activities involving information dissemination, education, agriculture, health, democracy and governance, and peace and security in the following ways:

- **In information dissemination:**
  - Employ innovative approaches and techniques to spread readily useable, locally relevant information in regional languages (based on assessment of the effectiveness of messages and the methods employed for their dissemination in numerous DRC sensitization programs) to improve livelihoods and promote behavior change.
  - Expand the use of interactive approaches like theatre and audio-visual presentations, with implicit and explicit messaging on gender related issues, followed by facilitated discussion.
  - Exploit community radio programming more fully to reach a wider audience than can be contacted by text messaging due to the limited cell phone coverage in the country, and because of the high cost of sending teams to lead interactive programs in remote locations. Include debates and call-in question and answer programs on the radio to encourage the use of practical information, and employ serial stories (soap operas) of family life in the context of changing social and economic conditions to catalyze discussion and foster acceptability of more flexible roles for men and women.

- **In education:**
  - Update the curriculum and teaching materials regarding gender equality: a) Assess recent textbooks and recommend further changes to balance roles for women and men in the family, work, and public decision making, and b) Include practical material and class project outlines with equal roles for both boys and girls related to nutrition, health, agriculture, livestock and forestry.
  - Expand vocational training to include a wider range of skills offered to both women and men.
  - Initiate pedagogical training for new primary school teachers, and provide upgraded training for existing teachers at all levels, including orientation to equal treatment of males and females in the classroom. This would be an effective use of the new curriculums to promote gender equity.
  - Consider using radio to reach groups of teachers in remote areas and to catalyze supportive discussion among them about ways to apply new ideas.

- **In health:**
  - Prioritize comprehensive safe motherhood, addressing delayed first pregnancy, child spacing, antenatal care, and maternal mortality, especially among teenage girls.
  - Address men’s health, responding first to their perceived health needs, then increasing their knowledge of and involvement with maternal and child health issues and family planning (keys to addressing safe motherhood).
  - Rationalize training programs for health workers by reducing the number of poorly equipped Institutes for the Study of Medical Technology (ISTM) and strengthening selected institutions.
  - Promote networking among women practitioners throughout the country to create opportunities for those working in similar jobs to share information and support one another.
  - Encourage public private partnerships for the provision of supplies and medicines and in quality training programs on the proper use and maintenance of equipment to ensure sterility and thus
minimize the transmission of infectious agents (including HIV), especially for women and children who are now the predominant users of health facilities.

- **In agriculture:**
  - Craft information and time of delivery to meet women’s needs and their work schedules. To that end, increase the number and effectiveness of female extension agents by working with agricultural colleges to train students to share effectively information with communities and support local associations, especially women’s groups.
  - Expand support for the formation and sustained, efficient management of cooperatives, including clearly defined roles for women and men. Increase access to microfinance for agricultural laborers and cooperatives, and promote collective marketing schemes, thus helping women (the primary agricultural workers), to access better inputs, sell their produce more easily and at better prices, and keep their capital for reinvestment in succeeding crops.
  - Facilitate women’s control over land and income from agricultural work, possibly through cooperatives, to encourage trials of new crops and promote women’s decision-making over how funds are used for the family’s livelihood.
  - Introduce mechanical grain mills to reduce the burden on women. Assess the acceptability of energy-efficient machines, (like bicycle-pedal-plus-gear-powered models) that can be manufactured locally, financed through microfinance institutions or other mechanisms to communities, cooperatives, or families, and possibly operated by men.
  - Promote more small livestock rising, including assessing the prospects for “para-veterinary” work for women and men.

- **In democracy and governance/peace and security:**
  - Promote the rule of law by collaborating with other donors in fighting against impunity for rapists and other offenders, promoting the revision of the Family Code, and addressing corruption.
  - Develop a program on capacity building in transformative leadership for both men and women.
  - Coach women on building networks, and on political action and electioneering, including fundraising.
  - Support provincial Societe Civile to promote human rights and government-civil society collaboration.
  - Promote the engagement of women in all decision-making related to conflict resolution and peace building activities. Support active peace advocacy groups by coaching members to prepare for speaking in forums from which they have generally been excluded, to create opportunities for them to learn through experience about how to better target their efforts.
  - Encourage the formation of effective networking for women to broaden participation in peace building organizations and facilitate wider sharing of new ideas and approaches.
  - Enhance police training and provision of special security facilities and services for women so that there are safe places for women to report crimes and separate cells for women in detention, and to ensure that women have access to legal and psychological support.
  - Assess the feasibility of community policing and formation of neighborhood watch groups to improve security for women and men.
Effective and sustainable development impact in DRC can only be obtained if the cultural constraints that women and men face in their domestic and public roles are sensitively addressed through policy development and continuous implementation support, in conjunction with efforts to improve food production, access to information, education, health care, credit, security and justice.
INTRODUCTION

PURPOSE OF THE ASSESSMENT
USAID/DRC is developing a new Country Development Cooperation Strategy (CDCS) for 2013–2018 in the context of USAID’s March 2012 Gender Equality and Female Empowerment Policy, the Global Health Initiative (GHI), and the United States National Action Plan on Women, Peace, and Security. The CDCS will detail a results-oriented program aligned with US and host country priorities, promote mutual accountability, take citizens’ needs, rights and interests into account, and outline all phases of project work, learning and resources. This study was requested early in the CDCS planning process to ensure that the constraints and opportunities pertinent to balanced gender programming are fully and appropriately taken into consideration throughout its development.

The 2012 Gender Equality and Female Empowerment Policy and the Global Health Initiative (GHI) Guidance on Women, Girls, and Gender Equality both stress integrating a balanced approach to addressing the needs of women and men to promote equality in all USAID programming. This contrasts with the earlier exclusive focus on empowering women. To disseminate best practices and ensure accountability, the gender policy promotes partnerships among government, civil society, the private sector, and other donors. It supports the innovative use of new technologies, and addresses conflict and gender-based violence.

The GHI Guidance on Women, Girls, and Gender Equality seeks to ensure that women and men realize their full rights and potential to be healthy, to contribute to health development, and to benefit from the results. It supports women, girls and gender equality; country ownership; integration; health system strengthening; and monitoring and evaluation.

The National Action Plan on Women, Peace, and Security aims at involving women in conflict prevention and resolution by including women and girls as both the agents and beneficiaries of initiatives in peace building, reconciliation, development, growth and stability. The geographic emphasis of development programming in DRC has been on eastern regions, where war and militia conflict have contributed to widespread and often brutal gender-based violence as well as to the disruption of livelihoods and communities. This regional emphasis has left challenging gender and development constraints, with possible implications for preventing wider conflict, unaddressed in other parts of the country.

This assessment therefore broadly analyzes gender in DRC, identifying gaps and approaches to address them, to ensure the equitable and sustainable impact of USAID/DRC’s 2013-2018 strategy. It is not an evaluation of the existing program or of projects in any sector. It also does not provide a road map for developing the new program, or detailed recommendations for sector activities.

REPORT STRUCTURE
The report first describes the assessment methodology, followed by a summary of current social and economic conditions and a review of institutional status in DRC to contextualize the study. It then highlights key findings, and provides recommendations for USAID. Appendices provide further detail on comparative statistics in the region as well as some annotation of reference materials.
**TEAM MEMBERS**

Dr. Anne T. Sweetser, international consultant, gender and social development specialist  
Dr. Nassrin Farzaneh, dTS Senior M&E Advisor, Kinshasa  
Mr. Laurent Kopi, dTS M&E Specialist, Kinshasa  
Mme. Faida Mwangilwa Fabiola, national consultant, former head, Ministry of Gender  
Local subcontractor: CEPAS, Patrick Mavinga, team leader
METHODOLOGY

OVERVIEW AND PLANNING
The study was initiated in February of 2012 and field research was conducted in DRC during the period of April and May, 2012. Planning for this study was undertaken by dTS staff in Kinshasa, in conjunction with USAID/DRC.

Given the assessment objectives, qualitative cultural research was chosen as an analytical approach (see box), and qualitative methods were selected to facilitate an in-depth cultural and social analysis. Both focus groups and key informant interviews were used to reach a large number of people of varying age, sex and occupational groups. Provinces were selected to ensure diverse geographical spread. Seven of DRC’s 11 provinces were included in the study: Katanga, Maniema, and North Kivu in the east, Bas-Congo, Bandundu, Equateur in the west, plus the city/province of Kinshasa (see map for study locations). Staffing and timing were designated to facilitate effective implementation, and a background reading list was developed to help team members prepare for the work.

The interactions during field research were consistently engaging, generated large quantities of information for analysis, and the focus groups provided learning opportunities for local facilitators, as well. By engaging a very large number of women and men from a wide range of age and occupational groups in focus group discussions, interviewing significant people in a wide range of institutions, and covering a majority of provinces throughout the country, this study built a broad base to complement the depth achieved using the above research method.

FOCUS GROUPS

dTS team members, consultants, and staff of the domestic contractor, CEPAS, met to review the particular characteristics, including dominant economic activities, of each province, and to discuss the feasibility of working with particular institutions in each. Target groups were selected to ensure a wide range of occupational categories, as well as good distribution by age, sex and rural/urban location. A schedule with two focus groups per day was finalized. CEPAS provincial staff subsequently made arrangements and invited target group individuals to participate in each session. Focus groups were convened primarily in towns and cities, and since participants

QUALITATIVE CULTURAL RESEARCH
Qualitative cultural research methodology focuses on discernment of patterns that underlie and influence ideas, beliefs, and behaviors rather than on statistical analysis of the frequency of certain events or responses to pre-defined questions. An individual anthropologist typically spends a year or more watching and listening acutely as he or she interacts with a defined group and focuses on a particular theme to develop an analytical framework. When working with a team, however, he or she also learns and triangulate from team members as they recount and comment on what they saw and heard in focus groups and interviews. The time needed to complete an assessment is thus greatly reduced. As patterns become apparent, the researcher tests them by asking related questions during key informant interviews, discussing them with team members, and continuing to analyze them. An iterative learning process ensues as emerging patterns are sometimes confirmed, frequently refined, and occasionally rejected altogether. An in-depth understanding of the culture – an integrated whole of related meanings that are defined, valued, and logically interrelated in ways that differ from the native culture of the researcher – takes shape, and a focused analysis can be prepared.

2 One young man who works for CEPAS was surprised that women were so aware of the constraints that affect their lives, and so articulate when speaking about them.
who were comfortable using French were sometimes preferred, there is some bias toward better educated classes in the population studied.

Two teams facilitated focus groups. Each included a staff member from the dTS office in Kinshasa – Dr. Nassrin Farzaneh or Mr. Laurent Kopi – and one facilitator from CEPAS' Kinshasa office. Each team traveled to three provinces and also conducted focus group sessions in Kinshasa. CEPAS assigned one assistant and two note takers in each province, and was responsible for collecting and analyzing the notes and preparing summaries of the data.

Groups of questions were drafted by the international consultant on key themes with input from dTS project staff, and revised based on suggestions from USAID/DRC staff before translation into French (see Appendix C for focus group questions). The questions guided the sessions but focus group discussions were not limited to only the questionnaire. The themes were:

- concepts of masculinity and femininity, and the roles of men and women in the family and society;
- attitudes about equality or parity between the sexes;
- the greatest needs of women and men, in general and in sectors relevant to group participants;
- discussion of peace, security and gender-based violence; and,
- issues pertaining to the structure of development programs, including suggestions for future projects.

Approximately 650 individuals took part in 69 focus groups. A wide range of stakeholders was involved: women and men, young men and young women in and out of school, occupational groups and social service providers like fishermen, miners, traders, nurses, teachers, business owners, civil society organizers and activists. Appendix E contains details on the distribution and composition of focus groups.

**KEY INFORMANT INTERVIEWS**

Two interviewers, one international, Dr. Anne T. Sweetser, and one domestic, Mme. Faida Mwangilwa Fabiola, former Minister of Gender, traveled to all seven provinces and spoke with nearly 100 people in 84 separate interviews (see Appendix D for a list of interviewees). The subcontractor, CEPAS, identified potential interviewees in each province, provided their contact details, and indicated which were more willing to be interviewed. They also provided logistical support during field visits.

Key informants included the National Minister of Gender, Family and Children, the head of the National Parliament caucus on gender, government employees at the provincial, district, and territory levels who were responsible for gender, health, education, youth, agriculture, justice, mining etc., city mayors, professors and heads of health and agriculture training institutions, MONUSCO, jurists, the police, traditional male and female chiefs, religious leaders, and domestic and international NGOs, both large and small and with varying sectoral foci and types of program.

Using the lists developed by CEPAS in each province, individual interviewees were selected by the interviewers, frequently from among those marked as most likely to be forthcoming in interviews. After the first three provinces, the interviewers reviewed the list of people with whom they had already met and the organizations they represented, and selected subsequent interviewees who would complement the earlier choices or fill any gaps in coverage. They usually conducted interviews separately, but because they were traveling together, they met and discussed the interviews each evening.
The interviewers developed a list of themes and questions together, incorporating ideas that both proposed (see Appendix C for the interview guide). Each interview commenced with a careful explanation of the purpose of the study; this was especially important for those interviewed by the international consultant. The first topic was the organization’s purpose and activities, as well as the work the interviewee does within it. This was followed by conversation in which details – who, what, where, when, why and how – were sought regarding the structure of the organization, including the gender composition of the staff and their ranks; the needs and priorities of men and women, boys and girls, the socioeconomic context, successes and challenges encountered, key lessons from prior experience, and future direction. Questions covered the role of gender in all dimensions of work, gender-related impacts, and the affect of gender on work processes within their organization. Once it was clear that a man’s involvement in domestic tasks, especially those related to food preparation, very commonly results in accusations by others that he is ‘no longer a man,’ asking men if they ever cook became an immediate way to gauge their degree of commitment to (or liberation from) traditional gender roles, so this question was included in a number of interviews as well. Recommendations for international donor organizations were requested, and at the end, interviewees were asked what, if anything, had been overlooked, and invited to add anything they thought was important.
NATIONAL CONTEXT

CURRENT SOCIAL AND ECONOMIC STATUS
DRC received the lowest Human Development Index (HDI) rating in the world in 2011: 187 out of 187. The country was ranked at the bottom of the HDI Gender Inequality Index (GII); at 142 out of 146 countries (see Appendix F for details and regional comparisons for many of the following data). While 71.3% of citizens lived below the national poverty line, 59.2% survived on less than PPP$1.25 per day. In 2011, per capita GDP was US$300, giving DRC a global rank of 226. Significant economic activity, however, takes place in the informal sector and is not reflected in these figures. Income is also distributed very unequally. Agriculture constitutes 42.9%, industry 24% including 5.5% in manufacturing, and services 33% of the GDP. Overall, the economy is slowly recovering after decades of decline due to egregious mismanagement by national leaders and endemic corruption at all levels.

DEMOGRAPHY
The population of the DRC is 67.8 million; 50.3% are women; the sex ratio is 98.9. Urban residents are now 35.9% of the total. Life expectancy at birth is 48.4 years, 47 for men and 51 for women. The median age is only 16.7 years. 33.37% of the population is under 15, and 45.05% is between the ages of 15 and 49. Dependency ratios are therefore very high. Girls can marry legally at 15, boys at 18. 24.6% of teenage girls (6.2% of boys) are married, and 201.4 babies have been born to every 1,000 teenage girls. Total fertility is 5.5 to 5.9 and the country is growing at 2.775% per year.

Contraceptive use is low at 21% for any method and only 6% for modern methods, and the DRC has very high maternal mortality: the European Union recently reported a maternal mortality rate of 1289/100,000, the highest in Africa, but other estimates range between 540 and 670. Almost a quarter of this mortality is

3 UNDP, Human Development Report 2011, Sustainability and Equity: A Better Future for All, tables 1, pp. 127-130, and 5, pp. 143-146. All reference in the paragraph except as noted.
4 PPP, or purchasing power parity, shows the equivalent value of a defined set of basic goods across different currencies.
5 https://www.cia.gov/library/publications/the-world-factbook/geos/dg.html. All references in paragraph.
6 World Bank, op. cit. GDP = the total production in a country during a year: consumer spending + government spending + business capital spending + next exports minus imports.
8 UNDP Economic and Social Affairs (ESA), World Population Prospects, the 2010 Revision esa.un.org/undp/wpp/Excel-Data.population.htm
11 UNDP ESA, op. cit.
12 UNDP HDR, op. cit., table 4, pp. 139-142.
13 Ibid.
14 UNDP ESA, op. cit.
16 WHO Global Health Observatory
due to pregnancy among those aged 15 to 19. Infant mortality in DRC is also the highest in the region. In 2008, the infant mortality rate (IMR) was 109,18 or 97 overall, with rates of 71 in cities and towns, and 105 in rural areas.19 Similarly, under-5 mortality was highest at 18020 or 158 overall, with 174 in rural and 111 in urban areas.21

LITERACY AND EDUCATION
In 2009, 67% of people over age 15 were literate, 77% of men and 57% of women. A significantly lower figure for women’s literacy between ages 15 and 24 – 51% – was reported in the Multiple Index Cluster Survey (MICS). This study showed great disparity between wealth quintiles in women’s literacy: 28% were literate in the poorest quintile, 33% in the second, 41% in the third, 56% in the fourth, and 89% in the highest quintile. The Human Development Report of 2011 noted a mean of 3.8 years of schooling throughout the country.22

The gender parity index dropped from 0.93 in primary grades to 0.81 in secondary years, showing that attendance rates were higher for boys, especially in secondary school.23 The gross enrolment ratio for tertiary education was 3% for girls and 9% for boys in 2009.24 Women teachers were also in a minority: in 2010, only 26% of primary school teachers, 10% of secondary school teachers, and 6% of tertiary level teachers were female.25

NUTRITION
DRC has the highest number of undernourished persons in Africa, and the highest prevalence of malnutrition in the world.26 According to the International Food Policy Research Institute’s (IFPRI) Global Hunger Index (GHI), DRC is the hungriest country in the world. Close to 75% of the population is undernourished. Protein-calorie malnutrition leads to stunting (low height for age) among 45.8% of children. 28.2% are underweight for their age, and 14% are wasted (underweight for height regardless of their age).27 11% of women are obese while 19% are underweight with a BMI lower than 18.528, including one in four women between 15 and 19 and one in three in Bandundu province.29 Micronutrient deficiencies were widespread as well. 61.1% of preschool-age children have a subclinical vitamin A deficiency; 70.6% of children under 5 and 67.3% of pregnant women are anemic. Overall, deficiencies of riboflavin, iron, zinc and


17 UNDP HDR and ESA, op. cit.
18 UNDP ESA, op. cit.
19 MICS, op. cit., p. 10
20 UNDP ESA, op. cit.
21 MICS, op. cit., p. 10
22 UNDP, HDR, chart 1
23 MICS, op. cit., p. 18
24 UNDP ESA, op. cit.,
25 MICS, op. cit., p. 18
26 IFPRI discussion paper 01154, “Resource-Rich Yet Malnourished: Analysis of the Demand for Food Nutrients in the Democratic Republic of Congo,” January 2012. All references in paragraph unless otherwise noted
27 IFPRI, op cit., p. 16
29 Demographic and Health Survey (DHS), 2007, p. 9
vitamin B12 affect an average of over 80% of the population. Deficiencies of vitamin E and folate are close to 70%.30

**HEALTH**

Malaria causes one fifth of deaths of children under 15,31 but only 9% households own at least one insecticide-treated mosquito net (ITN), and these are poorly distributed both by class and by province: 16% of the richest households but only 3% of the poorest have ITNs, and 35% of Bas-Congo households but only 3% of households in Orientale have ITNs.32 To address this, the President’s Malaria Initiative incorporated DRC as a focus country in November, 2011. In FY2012, it will provide malaria prevention and treatment services to a total of 136 health zones in five provinces (West Kasai, East Kasai, South Kivu, Katanga, and Orientale Province), or 26% of the 515 health zones in the country.33 Respiratory infections caused nearly 20% of childhood deaths in 2000;34 diarrheal diseases and perinatal problems each accounted for 17% of childhood deaths (under 15) in 2000. Pertussis, other childhood cluster diseases, and meningitis each caused a small percentage of deaths.35 Of children in their second year of life, 84% had received BCG (tuberculosis) immunization, 61% had received all three doses of DPT (diphtheria-pertussis-tetanus) vaccine, 63% had been immunized against polio at birth and 58% received the three additional doses by age 1, 49% had received all three hepatitis B injections, 67% had been vaccinated against measles, and 65% against yellow fever.36

Among adults aged 15 to 59, over 15% of deaths were due to tuberculosis (TB), 13% to cardiovascular diseases, and 6% to respiratory diseases. Other causes include tropical cluster, especially trypanosomiasis (sleeping sickness), diarrheal diseases, malignancies, diabetes, hepatitis, cirrhosis, and sexually transmitted diseases (STDs). The only significant difference between men and women was that a striking 20% of female deaths were due to maternal mortality.37

Overall, the rate of HIV infection for people aged 15 to 49 in DRC is low, at 1.3%.38 It is highest in Kinshasa and in the East where HIV is spread to an estimated 20% of rape victims.39 It is higher among women (1.6%) than men (0.9%), peaking at 4.4% among women aged 44 to 49, and 1.8% among men aged 35 to 39. But among youth an increasing rate of spread of the epidemic and changing distribution among men and women are seen in the infection rates of 2.4% among men aged 15 to 17 and 1.2% of women aged 17 and 18. Women with more than secondary education are more frequently infected than those with less education, but

30 IFPRI, op cit., p. 16
32 DHS, op. cit. p. 10
34 WHO, op. cit.
35 WHO, op. cit.
36 MICS, op.cit., p. 12-14
37 WHO, op. cit.
the highest rate of infection among men is for those with secondary (but not higher) education. For both men and women, the better off the household, the higher the infection rate. Married women who are separated from their spouses have elevated rates of infection, but infection is far higher among widows than any other group with over 9% (or one in 11) HIV positive.40 The data show that only 11% of those who are HIV positive have been tested and know that they are infected.41

**WATER AND SANITATION**

Overall, 47% of the population of DRC had access to improved sources of drinking water in 2010, but disparity between urban and rural areas is great.42 80% of urban households, but only 28% of rural households have improved water sources, including 2% that have water piped into their residences.43 Millions of women are thus compelled to carry water, often for significant distances for all household needs.44 The disparity is even greater in sanitation. Overall 36% of household members used improved sanitation facilities, 14% of urban residents, but only 4% of rural household members.45

**INSTITUTIONAL CONTEXT**

**GOVERNMENT**

A large gap exists between the perceived roles of government and civil society. This appears to reflect the pattern established under the colonial regime: government was primarily responsible for control of the population and provision of roads and rails for transporting goods to the market, and churches took care of education and health care.47 During this study, officials at territory, district and provincial levels consistently noted that their first responsibility was “control,” and some mentioned transport next. A major responsibility of government is collecting, compiling (usually manually), and forwarding data (usually not sex disaggregated) from territory to district, province and ultimately to the national government. Officials other than senior provincial administrators are apparently not expected to analyze these data, share or discuss information with leaders of other sectors, engage in strategic planning, or prepare budget recommendations related to observable trends.48 Instead they report upward and execute the instructions they receive from higher levels. Lateral collaboration among ministries and departments is rare. Staff of government departments that are responsible for education and health spoke about how they struggle to deliver adequate services despite poor facilities and limited funds.

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40 This supports the participants’ statements that abandoned women are often compelled to engage in prostitution to support themselves and the children.
41 DHS, op. cit., p. 15
42 MICS, p. 15

45 MICS, p. 15
46 The influence of colonial rule was repeatedly mentioned when discussions of the contemporary situation came up.
48 Tasks such as these may be devolved to some extent under decentralization.
Assessment team members found that provincial and district officials are sometimes uninformed about the province to which they were assigned. Some provincial authorities were unable to explain the role of the Ministry for which they work; and some provincial and district officials could not list any local organizations or activities related to the sector for which they were responsible and instead relied on local staff to answer basic questions. Territorial administrators with whom assessment team members met seemed to be the best informed about their regions, and a district level official who had extensive experience at the territory level offered the same opinion.

Very few women hold positions at any levels of government. More than once the assessment team was told by a key informant that she was the only woman working in the entire provincial government. People say that ‘women in politics just clap their hands’ (i.e., that they simply support men’s decisions). One woman interviewee reported that most women say that politics belongs to men. Networking among women officials across provinces is virtually nonexistent, depriving women of some potential support.

Over and again, team members were told that women’s opportunities for being elected to public office are greatly limited by their lack of access to financial resources. The politics of buying influence rather than of competing ideas prevails, it is said. Candidates who give the best gifts to voters are most likely to be elected. Politicians and officials are assumed to have gained appointments for which they are not necessarily qualified through nepotism and the basic cultural pattern of exchange of other favors. Money is necessary not only for campaigning and, if successful, staying in touch with one’s base, but also for monitoring the vote counting process.

Distrust of government is widespread. After years of kleptocratic rule, corruption is endemic. Ambitious men and women aspire to government positions as one of very few routes to wealth. The security services, and particularly the courts, are renowned for corrupt practices. Accused and convicted lawbreakers are frequently released within a few days, and those who are convicted are frequently sentenced to detention for time already served while waiting for trial, signaling to many informants that significant bribes have been paid.

**CIVIL SOCIETY**

Organizations that concern themselves with public welfare, including international donors and religious organizations (which sponsored the first domestic NGOs), are typically classified as NGOs, and expected to provide sustained human, material and financial resources at the local level. Echoes of colonial patterns and related dependency are once again evident. Long present international NGOs acknowledge that they are doing work that is primarily the responsibility of the Government of the DRC (GDRD) and should be undertaken locally. Staff whom they have trained may prefer to remain with the NGOs because they are assured of good, regular income, protection from demands for sharing the income with those who gave them their jobs, and the availability of equipment and supplies needed to perform their jobs well. Women are much more likely to have work and leadership opportunities in civil society organizations, possibly because they deal with social issues associated with domesticity and family, and do not confer comparable opportunities for gaining wealth. If led well, Societe Civile, organizations located in each provincial capital that enroll the full range of civil society organizations in each province to struggle for human rights, appear to be quite effective.

Large numbers of relief and development workers came to DRC, especially to North and South Kivu, to help refugees during the wars with Rwanda and Uganda, and to support the struggle against sexual violence and

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49 Luche-Thayer, Jenna, «Programme du Bonne Gouvernance: Gender Assessment» (Assessment for USAID, DFD-1-00-08-00071-00), February, 2010, pp. 2,
assist rape survivors. Their sustained presence has brought resources to the area and contributed to capacity development. Among local NGOs in these areas, some are thought to be corrupt, and NGO workers, who live better than many others, are sometimes seen to be arrogantly exploiting their salaries, including paying for prostitutes. Recently, criticisms of the creation of parallel systems of all types of service delivery and excessive focus on rape as a consequence of war have been raised. Critics have noted that people must sometimes claim to have been raped in order to access treatment, assistance organizations are increasingly competing for clients like commercial enterprises, overemphasis on statistics has shifted focus away from victims, and fundamental problems like domestic violence, child abuse, teenage pregnancy, and impunity for offenders are being overlooked.

RULE OF LAW
The DRC has ratified the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW) and other international protocols on gender equality, but DRC national law does not fully comply with all requirements of these conventions. The February, 2006 Constitution (articles 13, 14 and 15) contains the right to non-discrimination, and requires public institutions to eliminate all forms of discrimination against women and assure the protection of women in public and private life. It also articulates the principle of gender parity in the public sector. Not all the necessary implementing legislation has yet been passed, however, and, as with other laws, implementation and enforcement are poor.

The Law on sexual violence was added to the Penal Code in 2006, following article 15 of the Constitution, which stipulates that sexual violence must be punished by national law. These laws are referred to as 06/018 and 06/019. They address rape, sexual harassment, forced marriage and forced prostitution, sexual mutilation, sexual exploitation and prostitution of minors, forced pregnancy and forced sterilization. Very short periods of time are specified for investigations, and the use of age 18 as the line for sexual assault of minors have been problematic to the implementation of these laws, especially given that, according to the family code, marriage is legal at 14 or 15.

Other national law, notably the Family Code from 1981, which confers basic protection to women in case of divorce, is clearly discriminatory to women in other ways and contradicts the Constitution. The husband is legally considered head of the family, so a woman must, like a child, obtain his permission to open a bank.

50 Ibid., pp. xii and 20.
51 Higate, Paul, “Gender and Peacekeeping,” p. 16
52 Douma, Nunke and Dorothea Hilhorst, “Fond de Commerce?: sexual violence assistance in the Democratic Republic of Congo, Wageningen University, Disaster Studies, Occasional paper 17, 2012. (Other recent reports, e.g.: the EU’s May 2012. “Bilan de la lutte contre les violences liées au genre au RDC,” have raised similar concerns.)
54 Sida, The Democratic Republic of Congo: Country Gender Profile, pp. 18-19
55 Higate, op.cit., p. 16
account or conduct other juridical activities. She must also ask his permission to take a job or travel, even though the Labor Code is more liberal than this.

Despite efforts to amplify protections for women under the law by the Government Reform Commission since 2010 which aims to unify and adapt the regulations that affect the rights of persons and the family with the “Congolese mentality”, there is no specific domestic violence law in DRC. The Family Code states that husband and wife have mutual duties and responsibility for the moral and material interests of the household, and they should ensure fidelity, respect and affection for one another.

The Labor Code, which stipulates equal pay for equivalent positions held by men and women, was revised in 2002. Changes pertained to the ability of women to undertake juridical actions, to be free of sexual harassment (at work), and to the right of a married working woman to residential accommodation.57

57 Barometre de la SADC Sur la Genre et le Developpement 2010, R D Congo, p. 16
ASSESSMENT FINDINGS

This section synthesizes comments made by focus group participants and key informants. It provides samples of statements that illustrate a range of very common perspectives and opinions. Brief reference is made to filmed interviews with militia leaders who could not be approached during this study.

It is framed in an anthropological analysis of key features of the culture that underlie and condition beliefs, attitudes, values and behaviors of DRC citizens. Culture includes concepts with which people construct an understanding of the world, influences the manner in which people perceive reality, and conditions (but does not determine) the way people react to changing situations. It slowly evolves as individuals adjust their attitudes and behaviors in acceptable ways to deal with new conditions. Bit by bit, innumerable small adaptations add up to fundamental change in the culture as a whole. This ethnographic framework emerged for the lead consultant, a senior social anthropologist, from sustained interactions with numerous individuals throughout the weeks of study.58

CULTURAL AND SOCIAL CONTEXT

CULTURAL PATTERNS

Deep, interrelated patterns of power, gender identity, status, social exchange, and religious belief became evident during the assessment from many, many comments people made in focus groups and interviews. These embedded features of culture exist largely at a pre-conscious, “meta-level” that conditions (but does not determine) peoples’ thoughts, perceptions, speech, and behavior. Together they lead members of a culture to judgments of what is ‘natural’ and ‘proper.’ They clarify for researchers many of the attitudes that were expressed by focus group participants and interviewees, and explain remarks and actions that otherwise may appear contradictory, as, for example, when women defend gender equality but consistently invite men to speak first. Without an appreciation for the relationships among these features of the underlying cultural context, it is very difficult to design effective and sustainable development initiatives.

Meta-structures of power. Behind all dimensions of social life as understood in Congolese culture – referring to the abstract patterns that influence ideas, attitudes, words and actions, as noted above – is a dichotomized, zero-sum notion of power. In such systems, there is effectively no middle ground: one either is thought to have or to lack power in a given context or interaction, and one person’s gain does not elevate the other; rather it constitutes his or her loss. Power therefore tends to be manipulated in an opportunistic and exploitative, or predatory, manner: someone who sees the chance to demonstrate his or her dominance over another will generally use it, rather than let the other person establish dominance first. This applies whether working in an office from which permission is required to conduct some business, carrying out numerous routine interactions, or taking part in militia fighting. Women who assume leadership positions are frequently said to become arrogant and bossy; in other words, they act out (and thus reinforce) the underlying cultural model of dominant leadership behavior that they have experienced. In negotiating contracts, conducting business, hiring staff, managing a household, or relating with a spouse, people are constantly vying for dominance or supporting others’ compulsion to demonstrate superiority.59 Soldiers and members

58 USAID/DRC specifically sought a consultant with the experience required to do this.
59 Driving also typically reflects broader dimensions of culture. Other than creating space for another vehicle with a magnanimous and superior gesture in light traffic, drivers compete viciously for every inch of the roadway.
of militia groups (as well as members of civil society) are known globally for using rape, which the assessment team was repeatedly told is common throughout the DRC, as a ‘weapon of war’ on an unprecedented scale in eastern DRC. They may be reacting to frustration with their low social status and inability to impose their will in the long standing power struggle, thus using force to establish a sense of dominance. Alternatively, they may sustain aggression as they return from the battlefield, buoyed by belief that they have survived and gained impunity due to the benevolent action of powerful, otherworldly forces that were ceremonially conferred upon them by a shaman.

Ideals of masculinity and femininity. In all study areas in DRC, the first thing team members were repeatedly told was: the man is head of the family, “le chef de la famille.” His identity, his dominance, and his superiority are predicated on his sex. He is typically pressured by members of his and his wife’s extended families, neighbors, colleagues, and friends to demonstrate sexual prowess by having more than one woman and many children. Typical male comments were:

- ‘The woman comes to complete man in accordance to man’s life on earth.’
- ‘In our society, it is the man who makes decisions for his wife and children, for example, whether his children should study.’

A man must always conduct himself so as to retain his superior position. A man is expected to support his family, and to be generous to others in his extended family. Even if he lacks wealth, he is expected to play the role of leader in the home. Masculinity is thus easily threatened by challenging circumstances, and alternative role models to help men cope do not exist, so some turn to violence or alcohol. If a man is seen to behave in ways considered inappropriate for his status, for example by helping with domestic tasks, especially by preparing food or even stepping into the kitchen, he may be disparaged by his extended family and neighbors. The assessment team repeatedly heard that people will say he is “no longer a man,” and that he is “dominated by his wife,” (and she may then also be criticized). These points were heard over and over again, exemplified by these comments by women:

- ‘It is not a man’s role to do housework; it is the woman who is responsible for that.’
- ‘Men do the hard work, that is, masculine types of work, while women do the domestic work at home.’

Men’s dominance is considered to be “natural” due to his physical strength. His sex drive is considered to be a great natural force that requires satisfaction. (The sex of speakers is noted in parentheses after each comment from here forward.)

- ‘By the law of nature, man is the one who has power.’ (man)
- ‘Woman has to be submissive to man and stay behind him in all domains of life because she is weak.’ (woman)

Women, conversely, are defined as subordinate and inferior. A strong, independent, outspoken woman “is a man,” according to informants. Focus group discussions and interviews revealed that few men can tolerate

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60 Sida, “The Complexity of Violence,” p. 26
61 Interviews with militia leaders in “Congo River, Beyond Darkness,” the 2005 video by Thierry Michel revealed that militia leaders are proud of keeping their forces together for years on end and do not feel responsible for the behavior of men under their leadership immediately following battle.
62 Lwambo, Desiree, “Before the War, I was a Man: Men and Masculinities in Eastern DR Congo,” Heal Africa, 2011
63 Ibid.
being married to a more successful or wealthy woman, so women who choose public roles are frequently either not married or have been divorced by their husbands. Women generally defer to men, carrying heavy loads or asking them to respond first to questions. In this way they acknowledge men’s superiority and protect themselves from accusations of arrogance. Several informants noted that women behave in a self-defeating manner by consistently deferring to men in this way. The embedded cultural concept of zero-sum power relations in which one person’s gain represents another’s loss is again seen here. It persists despite nuances and slow change among youth and urban residents. Typical comments included:

- ’The man has the role of the commander and the woman that of the executor.’ (woman)
- ’The man is the one who coordinates and the woman assists him.’ (man)
- ’The wife does not have authority in the family; she has nothing to say in front of her husband to whom she should be submissive.’ (man)
- ’Our customs dictate that the husband is the head of the family; we prefer to follow our customs.’ (woman)

Status and Mobility. Along with the strongly ascribed status of being male or female, some space appears to exist for mobility. A clever person from an established family may build networks that allow advancement. But not every man can be a leader, and many do not even have access to the resources they need to provide well for their families. Where there is conflict, the challenges only increase. A man’s core identity is thus directly affected by his economic and social status, and especially by how he copes with challenges. Inability to live up to the ideal by demonstrating continuing superiority leads to humiliation and loss of status. Masculinity, as traditionally conceptualized in the Congo, is brittle, and requires continual reassertion. Many young men now seek a quick fortune by mining. Traditional leaders expressed concern that long held values of hard work and honesty are being lost in contemporary society. When confronted with economic hardship, or a better opportunity, men commonly abandon their wives or mistresses and their children, possibly to return years later to claim the dowry when they hear that a daughter will be married.

Equality between men and women is not regarded as possible or desirable. Parity and complementarity were more acceptable concepts than equality. Many focus group participants noted that equal (or improved) access to education has promoted parity among women and men in DRC. Women typically said that 49% for women and 51% for men would be an ideal balance, but they did not want to challenge the superiority of the male in the home. Perhaps, they also did not want to assume the responsibilities borne by men in addition to the already burdensome demands on their time. Representative comments follow.

- ’It is very difficult to fight for equality because it is a concept that is not well adapted [to our culture], even in the urban areas.’ (woman)
- ’We need to involve men as well as women in order to have equality.’ (woman)
- ’Parity should not be confused with authority, which is a man’s right; rather it means there are certain things that men and women can do together.’ (man)
- ’Equality between man and woman only exists in theory, there is no equality, this mentality is still not present.’ (woman)
- ’African women make a wrong interpretation of the concept of emancipation by thinking that the woman can become superior to her husband.’ (man)
Programs targeted specifically at women’s empowerment were said by some informants to be (mis)understood as an attack upon men, given the zero-sum structure of power in the culture. Fewer women were elected to the National Assembly in late 2011 than in the previous election, suggesting that there may be a backlash underway. A statue in *la Place de la Femme* in Kindu, Maniema, (see figure 1), where no women were elected last year, reflects women’s ambitions for high achievement. A woman sits at a small table, reading a book, and wearing a heavy gold necklace with a large gem as a pendant. She stares straight ahead while a well-dressed man stands with a small tray offering something for her to eat. She is literate, wealthy, and has the privilege of sitting while others wait upon her, all immediately evocative symbols of higher status.

The statue also illustrates the polarized, zero-sum nature of power and gendered social roles in DRC. Assuming, given the public location of this statue, that the two figures represent men and women in general, one sees that as women have gained literacy, wealth, and power, men have become submissive and responsible for serving food, the quintessential symbol of domesticity. The statue arguably thus embodies a concept of women’s empowerment that is focused on reversal of dominant and submissive gender roles rather than on movement toward parity as a step toward improving the lives and livelihood of all citizens of DRC. Without equal attention to improving the level of education and opportunity for men, and thus improving their ability to better support their families, which is so key to male status and self-esteem in the DRC, women’s empowerment programming may be readily perceived as a threat to men’s status and masculinity.\(^4\) Thus, this statue may be symbolically contributing to a barely articulated sense of threat and an emerging backlash against promotion of women.

**Importance of religion and witchcraft.** Most Congolese experience life in the context of intense spiritual powers. People frequently justify the relative positions of men and women with reference to religion, as in these comments:

- ‘God first created man, and then, the woman.’ (man)
- ‘From the creation’s viewpoint, we know that woman was created to help man.’ (man)
- ‘The Bible says that God first created man, that is why he should always be considered as the chief of the family and woman as his servant for reproduction and as his object of pleasure in bed.’ (man)

Any unexplained event is readily attributed to witchcraft. When a man dies suddenly, his wife is often blamed for causing it through witchcraft. In one story shared during an interview in Bandundu, a man demeaned himself by performing household chores when his wife and young child were seriously ill. After first one and

\(^{64}\) Noted in Lwambo, op. cit., p. 21
then the other died, members of his family arranged for him to be killed by witchcraft, team members were told, because they were so shamed by his having undertaken domestic tasks.

Alternatively, the forces of Christianity – understood through the same idiom of power and its manipulation as with witchcraft and healing or protective sorcery – led many to believe that they or others have been called by God. This was the case of Mobutu, who claimed to have been called by God to lead the country. Militia leaders quote from the Bible to justify their calling and the actions of their groups. Atrocities have been committed for which the perpetrators therefore do not feel personally responsible, but instead attribute, and thus justify, their actions with reference to revelation or to “magical” forces.

The established church is held by many to be stronger than witchcraft. Committing one’s soul to salvation through Jesus brings an individual back to the first world from the “second world” of evil, with its power to kill others. Regular, even daily, prayer is thought by some to protect against witchcraft.

Though many religious organizations are said to rigidly support a customary interpretation of men’s and women’s roles (and oppose all forms of birth control), some Christian leaders in the East have sponsored discussion groups to help men consider alternative models of masculinity and to facilitate acceptance of new roles for men and women, and new family size and structure, in the context of changing social and economic circumstances. Kimbanguism, a recent variant on Christianity, also supports wider roles for women; the Muslim association COMICO includes a woman’s organization (COPROFEM) as one of several committees.

Social exchange – favors. Favor is found to be the dominant medium, or “currency” of social exchange. Favors are given, often with expectations of favors in return. A woman’s gravely limited access to resources means that she generally has but one favor to bestow – her body. A Lingala saying captures this clearly: ‘A man is his purse, a woman is her body.’ The assessment team heard of a case where a man negotiated a contract with a business woman and returned for his “favor” a few days later, promising marriage (even though the woman was already married) when she refused a sexual relationship. This expectation naturally deters many women who might otherwise engage in business or seek other public roles. Similarly, due to the widespread exploitation of female students by male teachers, sometimes said to be instigated by the girls in order to improve their prospects for advanced education or jobs, girls are said to receive “sexually transmitted grades.” Also, in what was earlier noted as a politics of buying influence rather than a politics of ideas, people elect the person who gives the best gifts and has the best connections that may help with procuring benefits for supporters. This makes it especially difficult for women, who generally lack access to resources, to attain elected office.

The idea of earning one’s position in an office or government department is affected by this norm and practice. A woman with a job is often assumed to have been given the position in return for a favor, rather than having earned it through education and prior experience. Men commonly state that women working in offices or in public roles are prostitutes, and husbands worry that their wives are carrying on extramarital relationships rather than actually working. Their masculinity is therefore threatened in the eyes of others, and they may feel compelled to act in a way that demonstrates their continuing dominance.

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65 Martin Meredith, The State of Africa
66 Thierry Michel, op. cit.
67 Ibid.
68 Focus group participants referred to this. Widespread sexual abuse of girl students appears to be linked with the perception that girls’ participation in academic education is a threat to existing gender norms. Lwambo, op. cit., p. 18.
The suspicion that a man may have received his position in return for money or some political favor is also common, but this implies that he has powerful contacts and may therefore be useful to someone who seeks his help, so it is not explicitly used to disparage him, even if the system is regarded as corrupt. Politicians, in particular, are believed to have gained their seats through nepotistic networks and exchanged favors, and the government is generally thought to be kleptocratic. The line between favor and outright bribery, especially in the justice system, is thin, indeed. Impunity exists throughout the courts, evidencing payments to judges, as when a convicted rapist is sentenced only to the number of days served while awaiting trial.

**Communalism/“Familism”**. People live in an intensely engaged social milieu. Neighbors tend to make it their business to note what is going on in each others’ houses, closely monitoring any deviance from properly masculine behavior, but not interfering with domestic violence. Witchcraft is commonly used to manipulate relationships, for example to attract attention of another woman’s husband, or to sow discord in a relationship.

“Familism” refers primarily to the extended family – a man and his/her parents and siblings, or, in matrilineal groups, a woman and her brothers. It does not include the relationship between husband and wife, even though marriage was traditionally arranged between families. Generally, men feel that because they have given a dowry, their wife is their property. With a large family, it is said that one “never sleeps outside or goes hungry.” This provides protection from accusations by a man’s wife that he spent time with another woman if he is unable to reach home in the evening after work. Where men are pressured to have additional women, suspicion clearly directly affects both partners in a marriage.

Suspicion commonly prevails between husband and wife about money as well. Each worries that the other will use money inappropriately, so they may hide it from one another. Some men bury their money in an out-of-the-way spot so that their wife, and others as well, will not know how much they have and they can save for their own purposes. Even though they are expected to give all of their income to their husbands, women may conceal some of what they earn.

A woman who seeks to even a score with her husband may approach his sisters with aspersions that cast shame upon the entire family, or consult a sorcerer, rather than directly address the perpetrator for a real or perceived offence. Often, a man’s siblings will arrive soon after his death to retrieve all property in the house occupied by his widow except a few things she brought with her at the time of marriage, leaving her and her children destitute. The family of her deceased husband may ultimately reclaim the home in which she lives.

**EMBEDDED ROLES FOR WOMEN AND GIRLS, MEN AND BOYS**

**Childhood.** The birth of a son is celebrated, and confers significant status upon the mother, but a baby girl may not be regarded as positively as she will be another mouth to feed and possibly require expenditures for education in order to be married to a family that can give a generous dowry in exchange for her. One female NGO leader summarized enculturation in this way: ‘Girls learn to carry water and to cook, boys learn to sit.’ Women, who are traditionally the main educators of children, may save or hide money in order to send their daughters to school. A poor man, however, will usually prioritize education for his sons. Due to the need for their help with domestic work or income-generating activities, many girls drop out before completing primary

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69 In some areas, a man’s father traditionally had the right to spend the wedding night with his son’s new wife. UNDP, Rapport National Genre, op. cit.
grades. Long, unprotected walks to secondary schools, predatory teachers, and the preference for marriage upon reaching puberty, especially in rural areas, mean that very few girls attend secondary schools.

**Marriage and Reproduction.** The primary marker of female adulthood is a woman’s ability to give birth, rather than her age. Although under law both boys and girls under eighteen are considered minors, girls can legally marry at 15. Early marriage and child bearing among girls, particularly in rural areas, are common. A higher proportion of teenage mothers, compared with older women, die in childbirth, as their bodies are not fully mature. Some parents oppose early marriage for their daughters, but others encourage it as a way out of impoverishment.

Previously, marriages arranged by parents were the norm, but now many young people prefer to decide on marriage between themselves, sometimes without the knowledge of their families. The traditional pattern of preference for marriage with cousins also seems to be gradually disappearing. In many instances, early pregnancy, which is often attributed to ignorance and lack of sexual education, leads to cohabitation rather than marriage. Focus group participants noted that, in general, girls who get pregnant before marriage are not stigmatized, since there is always a chance for marriage with their boyfriends. However, if they do not marry, relations between their families will deteriorate, and the girl will usually be allowed to stay with her parents. Pregnancy often brings an end to a girl’s education, however. Many schools do not allow pregnant girls to continue, and in many instances, pregnant girls are unwilling to go to school. One female focus group participant observed: ‘In the villages, the woman counts for nothing. When a girl gets pregnant she has never again the right to study, whatever her intellectual level.’

When asked about the ideal age of marriage for boys and girls, most focus group participants indicated that girls should only marry after they have completed their secondary or university education (i.e., from age 18 onward), and boys should also marry after finishing their education and finding a job to support a family. In reality, however, most parents considered marriage as the ultimate “bliss” for their children (and themselves) as shown in these quotations.

- ‘In rural areas, you can still find young girls of 13 or 14 who are already married and pregnant. In the villages marriage is an honor irrespective of age.’ (woman)
- ‘My daughter wanted to study medicine, and I tried to dissuade her but she insisted. Even though I am a doctor myself, I was worried that she would take too much time to finish her education and would miss out on marriage.’ (woman)

Being married and having a family carry financial advantages and confer social status. Marriage is particularly advantageous for the bride’s parents, who not only receive a dowry from the groom, but also have one less mouth to feed in virilocal society. Among the matrilineal groups in Bas-Congo and Bandundu, a woman stays in her home village and her brother(s), when not visiting their wives’ villages, are primarily responsible for instructing her children. The value of women is best illustrated in the Congolese customary practice of dowry. While some viewed giving or paying a dowry as a symbolic gesture of “affection,” the majority of both women and men viewed it as a means of purchase, exchange of goods, or a commercial transaction, conferring ownership of both the woman’s body and labor on the husband. Women’s work at home (as well on the farm) is, in effect, the husband’s claim over her purchased services.

- ‘A woman is free until she gets married.’ (woman)

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70 In a virilocal or patrilocal society, women move to their husband’s home when they marry.

71 Dowry may be in kind or through payment of money, even though payment “in kind” is increasingly disappearing.
• ‘I cannot be equal to a woman. How can I be equal to someone that I have bought with my money? I have bought her and made her leave her village for my house. She is my property, and she has to work for me.’ (man)

Educated girls are increasingly gaining ground. The “price” of dowry for an educated girl is higher than for an uneducated one. As one man indicated: ‘We prefer to educate our daughters now so that they can also become ministers, and when they get married, the price of the dowry will increase and we will have more money for our businesses.’

Both customary and civil marriage exists in DRC. Civil marriage allows women more recourse to legal means to defend their rights, though many are unaware of them. Customary marriage is a prerequisite for civil marriage. Under the Family Code, the bride’s parents are required to make an “official contribution” of ten percent of her dowry to the state at the time of civil marriage. In addition, other types of “gifts” are demanded by officials at the time of the ceremony. Civil marriages are more common in urban areas, where families are more educated and have more resources. Some married women stated that they would feel uncomfortable asking for a civil marriage, since it could lead to conflict within the marriage. The majority of focus group participants, however, wish their children – especially their daughters – to have civil marriages.

Though large families have been common (team members met a man who had 42 children by six wives), the ideal number of children given by participants ranged from one to ‘as many as God gives,’ generally varying with urban/rural location and age. Most said poverty and unemployment were reasons for families to have fewer children than in the past. But the number of children, especially boys, is a marker of social status as well as a demonstration of masculinity, so both women and men are placed under great pressure by their families – especially the man’s – to have many children, preferably sons.

Men often have relationships with multiple women, and are commonly pressured to do so to demonstrate their power, but women are expected to remain obedient and faithful to their husbands. Polygamous marriages, which are said to be fewer than in the past, and outside women (“second or third offices [buwan]”) damage a marital relationship and lead to stressful competition among the women. If they live together, the senior wife usually dominates the younger one(s). Many women fear that their husbands will leave them for another woman if they do not give birth to many children, especially boys. This presents a serious health risk for women, particularly in rural areas, who are forced to have multiple pregnancies to “keep” their husbands, as shown in these comments by female focus group participants:

• ‘All pregnancies are dangerous, we can die from one moment to the next; we will either give birth or die.’

• ‘A woman marries in order to have children. There is no ideal number of children.’

• ‘My husband did not want us to stop having children before having a son. So, I accepted to have six caesareans to satisfy him. I now have two sons.’

• ‘In some rural areas when a woman has not given birth to a boy she is considered as not having any children.’

Women’s lack of control over their bodies is further illustrated in attitudes and practices related to family planning. Most focus group participants stated that family planning is a shared decision between a husband and his wife. The reality revealed while discussing other topics is that women have little say in family planning, and many fear their husband will take a new wife if they stop getting pregnant. Some women hide the fact that they use contraceptives. A nurse recounted how a man accused the hospital of having violated his rights when he learned that his wife was secretly using contraceptives.

Modern contraceptives, including condoms, are not favored. There is a great amount of misinformation and ignorance surrounding modern family planning methods. Focus group participants of all ages believe that
“natural” or “traditional” methods are safer than modern methods because they do not produce any health side effects. In one focus group, high-school girls stated that their teacher had told them about adverse side effects of modern contraceptives. Since men often make the decision about family planning, it is as essential for them to be correctly informed about modern contraceptives as it is for women. One person commented that women would be more likely to use modern family planning methods if it was suggested by their husband.

**Inheritance.** Many focus group participants in the majority, patrilineal regions of DRC, especially in the rural areas, mentioned that girls are often viewed as “temporary” or “transient” members of the family because they marry out of the family, while boys are the family heirs who ensure the propagation of the family. The woman’s temporary membership in the household persists even after marriage because, following her husband’s death, she may remarry and go to another man’s home. Reputedly envious that she has had access to family property through their brother, including the dowry he provided when he married her, a man’s siblings frequently take all the household belongings, returning assets to their “rightful owners,” and leaving the widow and her children without resources. This occurs despite the legal requirement that one-fourth of the inheritance go to the wife and three-fourths to the children.

In some instances, when the widow has a good relationship with her late husband’s family, she is allowed to keep the house and benefit from her children’s inheritance as long as she does not remarry. In other instances, the husband’s brother marries the widow and becomes the guardian of her children, and by doing so legitimizes his and the family’s claim over his late brother’s belongings and assets. Even in matrilineal societies as in Bandundu, it is the husband’s nieces and nephew, rather than the woman and her children, who have legal rights to the dead husband’s inheritance (due to prioritization of national law).

Wills and testaments do not carry much weight in the Congo; even when written, they are often ignored by the husband’s family. Many women do not challenge decisions that work against their interests due to their strong belief in witchcraft and fear that the husband’s family may use it against them. While the majority of discussants indicated that women have the right to inherit, they also said that women do not have adequate knowledge of the inheritance laws, including the value of a will, to protect their rights and those of their children. Some blame this ignorance on efforts to inform citizens about the law in French, a language that few understand well, especially in rural areas. One person commented that the only way for a man to ensure that his wife and children will inherit his assets is for him to put everything in their names before his death so that they are no longer considered to be his belongings. Another reported that unless a man calls his family to his bedside and states his wishes orally, suspicion that his will is a forgery will lead to serious conflict among family members.

Even though, as noted above, the father and the father’s family are the child’s legal guardians in a patrilineal system, the care of children often falls to the mother with little or no support from her husband’s family if the husband dies, leaves to find work or to form a new family, or the couple divorces. Some parents divide

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72 In most patrilineal societies, the man’s family considers his children to be theirs, and their responsibility if he dies or the woman leaves for whatever reason.

73 This practice is termed levirate.

74 “…brothers compete with each other for the support of their sisters who will produce the brothers' male heirs.” Silberfein Marilyn, Proceedings - AAG Middle States Division - Vol. 21, 1988, p. 6

75 In matrilineal systems such as in Bandundu, children will stay with their mother and their maternal uncle.
their children between themselves when they divorce. It was common to hear of women who had been abandoned by the father of their children, whether or not they were legally married, sometimes forcing the destitute mother into prostitution. While the law can intervene to ensure the best interest of the child, relatively few disputes over child custody are actually taken to court. People often prefer to resolve family issues among themselves rather than seek justice through the courts.

**Work and employment.** Poverty and economic hardship have not only increased tensions between the traditional roles of caretaker and provider in Congolese families, they have generated greater repercussions for woman and children, especially young girls, than for men. While in rural areas some girls never enrolled in or dropped out of school to help with agricultural and domestic chores, women in all social strata are increasingly forced to add or augment income generating work outside the home.

Many women now assume the costs of their children’s (especially daughters’) education, food, medical care, etc. for the family, yet women’s access to land, credit and tools is greatly restricted. Whether a woman works as a farmer, vendor or in a profession, she is seen to be “naturally” responsible for doing the household work after she finishes her “outside” work.

Many working women stated that their husbands respect them more because they are contributing to the family income. In most cases, the woman’s income belongs to her husband, although decisions about household spending may be shared in some urban families. Focus group participants pointed to a strong association between money and infidelity in marital relations. For example, women often refuse to show or give their money to their husband for fear that they will use it to get additional wives or women and/or spend it on drinking (which contributes to domestic violence). On the other hand, many men do not disclose their income to their wives, not only because they do not have to, but also because they fear their wives will become demanding and spend the money on personal, rather than on household, goods.

Most discussants agreed that if a woman earned more money than her husband there would be discord and violence in the family, because this would undermine the man’s power and status as head of the family. The same would be true if a wife were more educated than her husband. Explanations were given in terms of the “inferiority complex” of Congolese men as well as a tendency for Congolese women (and their families) to humiliate a husband who earns less money than his wife. On the other hand, women are increasingly contributing more to the household income in areas afflicted with war, poverty and high unemployment. In such cases, some respondents stated that while the men retain their claim to being head of the household, they have abandoned their responsibilities as providers and have relegated this to their wives, and at times to their children.

**Agriculture and livestock.** Agricultural and grazing land is usually considered traditional tribal property, which excludes women from any claim to ownership, even though the state is also the legal owner of the land. Agricultural work, in its present form of traditional crop sharing or leasing one or two hectares of land, is not generally considered employment, since it is mostly reserved for women and the poor for subsistence purposes. Women’s agricultural work, which revolves largely around market gardening, involves tedious

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76 As noted above, the very high level of HIV infection among widows may reflect their compulsion to resort to prostitution to feed their children.

77 The assessment team heard of extreme cases where poor, urban girls had no choice but to prostitute themselves.
planting, tending and harvesting, while men’s work is usually limited to clearing the field with machetes and cutting down trees. Women often work in the fields from early morning until sunset, and then walk long distances with heavy head loads of produce to sell in a local market. They lack access to the tools and machines that some men have, including bicycles. They also carry water and firewood, soak and dry manioc so it is not poisonous, and pound grain manually for many hours. If needed, men may work for a couple of hours in the morning. Typical comments about agriculture include:

- ‘In agriculture, it’s the woman who works much more than the man. She does everything, even chopping wood, but it is the man who benefits from her work.’ (woman)
- ‘It is the man who takes all the revenue gained from the work a woman does in the farm, and if she protests, he beats her.’ (woman)
- ‘The man cannot work on the farm. We are trying to raise women’s awareness to work together on the farm and to create committees and cooperatives.’ (man)
- ‘We need agricultural cooperatives for both men and women. This way we won’t have any problems.’ (man)
- ‘You cannot farm a one-hectare land manually, you need machines and you need to sow on time for a good harvest.’ (woman)

Agricultural development was among the main priorities of focus group participants, said to be one of the least modernized sectors of the economy. In Bandundu, many expressed the need for greater investment in agriculture to promote it from subsistence to a commercial endeavor to increase farmers’ incomes. Women farmers complained that while the men have tools for farming work, they must use their hands to plant and harvest. Others asked for better quality, as well as greater quantity, of seeds to meet the food requirements of the population. Many also requested new farming methods, and stressed the need for roads and transportation to facilitate access to markets. The majority of women pointed to the absence of organizations and farming cooperatives for women. Livestock was also mentioned as an area that has been neglected by development programs. Some complained about lack of veterinarians and sickness among animals.

Women’s Organizations. Some of the NGOs visited by the interviewers were small-scale, women-led organizations that provide important services to orphans and widows, or skills training to teenage mothers. They were generally reliant on regular donations to remain active. The leaders appeared to lack knowledge of how to expand, and interest in linking with other such organizations to deliver additional services to larger numbers. Other NGOs work on a larger scale, for example clustering numbers of community-based organizations (CBOs) into a network and providing capacity development or other services for members. Nonetheless, the leadership models available to most seemed to be based on the fundamental cultural structure of superiority or dominance vs. inferiority and submission. More sophisticated concepts of leadership might facilitate the attainment of greater results while lessening a tendency to struggle for prominence within the organizations. Often, the leaders of both of these types of organization revealed a religiously-grounded notion of service as the motivation for their efforts, yet they are frequently criticized as being solely entrepreneurial activities undertaken primarily to produce a livelihood for the founder.

Women’s groups affiliated with religious organizations appear to have better institutional support. For example, the Kimbanguist Church stood out as a supporter of women’s equality and access to leadership. The wife of the founder led the religion for 30 years following his death, and women leaders speak with great

78 This various by crop and region
confidence as compared with women in virtually every other organization who defer to men to respond to questions or are unaccustomed to speaking publicly. Interviewers were pleasantly surprised when men who observed an interview with Kimbanguist women leaders hesitated before continuing through the room and waited to greet the interviewer after the conversation ended.

Focus group participants’ attitudes about women’s associations were positive, although in some areas neither women nor men were knowledgeable about their existence. Most women felt that membership in women’s associations helped them learn organizational and other skills. Men’s attitudes toward women’s membership in associations was also positive, although some felt that women could become arrogant and neglect their household duties if they became too involved. Frequent comments noted by the assessment team were:

- ‘Generally, women do not know how to get organized. They can start something and never finish it, a man’s presence is always needed.’ (man)
- ‘In some cases women need their husband’s authorization to participate in women’s associations, but this is not a big problem because the women are really motivated to join.’ (man)
- ‘Many women now belong to associations, which was not the case before. This is a good evolution and can really help us.’ (woman)
- ‘My wife is a member of a certain association which helps her to become more informed and learn some things.’ (man)
- ‘There are men who find their wife’s participation in associations interesting, and others who don’t like it at all. There is nonetheless, a positive evolution compared to before that allows women to join such associations and movements.’ (woman)

**Women in Government.** In the November, 2011 elections, even fewer women than before were elected to the National Assembly. From Maniema and Bas-Congo Provinces, not one woman was elected. A women’s caucus in the national Parliament, which is seeking official status, coaches newly-elected women on their responsibilities and encourages them to be active in sectoral commissions. It urges them to be present and speak out on legislative proposals (rather than defer to men in accordance with cultural patterns), and to maintain good relationships with the media and supporters in their home provinces. In May, 2012, leaders of seven permanent Parliamentary commissions were appointed. Each commission has a president, two vice presidents, a reporter and a deputy reporter. Of the 35 positions filled, only one woman was appointed – by the opposition, which has a total of ten members in commission leadership roles – and this was to the social and cultural affairs commission. Among the four of 14 Parliamentary groups led by the party to which the leader of the women’s caucus belongs, there is not one woman officer. But they plan to continue to struggle. Women in Parliament are collaborating with the UNDP-supported civil society organizations that are working to ensure women’s representation in all provincial governments, and collaborating with a regional women’s network, Femmes Africaine Solidarité (Solidarity of African Women).

Government is not viewed by focus group discussants as having an active role in promoting parity among women and men, as evidenced by the small number of women with key offices at the provincial and national governmental levels, and relatively low number of women doctors, teachers, university professors and entrepreneurs. Although women’s access to such jobs and positions is often limited because of men’s

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79 Head of the Women’s Caucus in Parliament
80 None were appointed to a) policy, administration, judiciary, b) economic and finance, c) defense and security, d) external relations, e) environment and natural resources, or f) land commissions.
dominance in these fields, and/or because of refusal by their husbands to give permission, women themselves are also often said to be trapped in their gender roles and thus responsible for undermining themselves. For instance, many commented that women are their own enemies for not only underestimating themselves, but for failing to support one another, including by not voting for women candidates for elective positions.

- ‘No one is stopping women from opposing men in politics. Some are also afraid to participate because there are men who push women into politics but first ask them for sexual favors. That is the reason for which marriage does not work for women in politics.’ (man)

- ‘Why doesn’t the president name a woman as his prime minister since he is the guarantor of the Constitution? How many female ministers does this government have?’ (man)

- ‘We don’t have any women representatives for women?’ (woman)

- ‘It is necessary for strong women to emerge. We (women) need to support one another, we don’t like one another. Women are their own worst enemies.’ (woman)

Key informants noted that women must struggle for equitable opportunities because men are “greedy” for the power they presently hold and will not relinquish their positions (dominance) easily.

**VIOLENCE**

Violence against women was acknowledged by focus group participants and interviewees to be common in all study areas. They noted that domestic violence occurs regularly and is said to show that a man has not lost interest in his wife or partner and found another woman. Their reports are confirmed in recent survey data. Among women between ages 15 and 49, 76% (67% urban and 80% rural) say that a man is justified in beating his wife or partner under certain circumstances. Only in the top wealth quintile do fewer women (62%) agree. 64% of women have suffered from physical violence at some point since age 15, and 49% have experienced it in the past year. Married women report twice the rate of violence reported by single women, revealing high rates of domestic violence. Drunkenness exacerbates this problem.

Informants also said that rape is very common though it is rarely reported due to distrust of the police and judiciary and fear of reprisals. Some reported that officials and successful businessmen are among the greatest offenders. International attention to violence during nearly two decades of fighting in eastern DRC has focused on (often brutal) rape as a weapon of war, overshadowing reporting on killing, torture, forced recruitment and labor. Soldiers state that poverty is the main reason for widespread rape, but anger, neglect, betrayal by the society, breakdown in command structure and discipline, militarized male sexuality, impunity, decreasing shame about sexual violence and corruption (“eating on the job”), and widespread use of alcohol.

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81 (UNICEF) Childinfo.org: Statistics by Area – Attitudes toward wife beating – Statistical table

www.childinfo.org/attitudes_data

82 Ibid.

83 DHS, op. cit., p. 11

84 This was also noted in Luche-Thayer, op. cit., p. 10. Powerful men representing political parties, successful businesses and government are known to engage in statutory rape of minor-age virgin girls to consolidate power, to increase and/or maintain physical strength and health, and to cure themselves of disease.

and drugs also contribute.\textsuperscript{86} Sexual violence against men and boys, who may be raped, forced to rape or watch rape of their close kin, or compelled to carry out sex acts in public is also downplayed in the literature.\textsuperscript{87} Perverse consequences of this focus have included use of accusation of rape to extort money, the need to claim that one has been raped to obtain medical treatment, and relative lack of attention to other forms of human rights violation and sexual violence throughout the DRC.\textsuperscript{88}

A large scale effort to address sexual violence in eastern DRC has been mounted for over a decade. USAID’s holistic approach, including strong programming in health care and psychological support for survivors, has been recognized for its effectiveness. Community based programming to promote behavior change, and engagement of both men and women in long term capacity building to address basic social and economic development needs, have been recognized as crucial to reaching the roots of conflict and violence in the region.\textsuperscript{89} Recent critiques of the overall effort by both international and domestic organizations note increasing “commercialization” as agencies vie for customers. They note growing cynicism; overemphasis on statistics for reporting to donors that has contributed to a shift of focus away from the real victims; biased problem statements leading to suboptimal policies and programs; establishment of parallel systems for service delivery; and poor inter-agency cooperation. Fundamental problems, including the domestic violence, child abuse, prevention of teen age pregnancy, and malfunctioning of the justice system, as well as poverty and poor health care, receive inadequate attention.\textsuperscript{90}

Reduced focus on rape in conflict to better understand gender and SGBV in DRC is therefore important at this time. A very broad view of the violence was offered by a sophisticated key informant who has devoted years to work on human rights and women’s development in a remote region. She spoke of the violence involved in what others usually see as exclusion or discrimination in multiple domains of ordinary women’s lives. First she noted that the basic cultural construct that women are inferior and subordinate to men is existential violence. Early and frequent pregnancies combined with very limited access to quality medical care and family planning, are reproductive violence. She considered the compulsion for many women to labor persistently and then give their earnings to men, while not owning or controlling the land or tools they use, to be economic violence. Psychological abuse exists, she said, when a man who takes the income from her long toil in the fields uses it to arrange a second marriage. She classified extremely difficult access to education, especially beyond the first few years of primary education, as both intellectual and economic violence. Women’s exclusion from public decision making roles, she said, constitutes political violence. Articles in the Family Code that restrict women’s access to basic legal rights and economic opportunity, for example the requirement that a woman obtain her husband’s permission to open a bank account or to travel, constitute another form of political violence, and systematic impunity in the courts and security services is an additional form of legal violence.

\textsuperscript{86} Ibid., pp. 18 - 35  
\textsuperscript{87} Ibid., p. 44  
\textsuperscript{88} Ibid., pp. 52-55  
\textsuperscript{89} USAID, Assessment of USAID/DRC Social Protection SGBV Programming, April 2012 (all references in paragraph)  
\textsuperscript{90} Douma, Nunke and Dorothea Hilhorst, “Fond de Commerce?: sexual violence assistance in the Democratic Republic of Congo, Wageningen University, Disaster Studies, Occasional paper 17, 2012. (Other recent reports, e.g.: the EU’s May 2012. “Bilan de la lutte contre les violences liées au genre en RDC,” have raised similar concerns.)
WOMEN, PEACE AND SECURITY

Women constitute a small percentage of the DRC army and, unofficially, MONUSCO acknowledges that some women are involved in fighting. At least, some women have learned to use weapons to protect their family and home when their husbands are away. Others, voluntarily or after being captured, have joined military groups in various supporting roles, from cooking to prostitution, and are considered “dependents.” But women very infrequently participate in Disarmament, Demobilization, and Reintegration (DDR) programs either because services are not offered to them, because there are no separate accommodations for women, or, especially, due to the great stigma they anticipate upon return to their villages as former fighters.

A “peacekeeping economy” exists in the East. Peacekeepers, the great majority of whom are men, bring their own cultural attitudes about gender with them, despite the required pre-deployment orientation. They also receive generous per diem allowances. Local women, including widows and those whose husbands are away, who have no means to feed their families or pay for medical care, and girls who need money for school expenses, engage in “survival prostitution.”

Women’s participation in the formal peace process has been meager. None were party to the Lusaka Cease Fire talks in 1999; in the negotiations preceding the Global and All-Inclusive Peace Agreement, only 10% of the delegates were women. The assessment team interviewed a woman who is an active member of a group of at least 25 (civil society) women in Goma that actively campaigns for peace. They travelled to Kigali at their own expense and spoke with senior advisors to Kagame about peace, and went to Nairobi to attend the subsequent negotiations, but were frustrated by being excluded from participation in these talks. During the team’s visit, they planned a demonstration advocating for peace at a central location in the city, but for some reason, only posters were to be seen when the team went to observe their effort.

REGIONAL, GENERATIONAL, AND RURAL/URBAN VARIATIONS

GEOGRAPHIC/ETHNIC DIFFERENCES

The similarity of responses on all topics examined in this study throughout the DRC was striking. Variations among provinces and regions were minor, underscoring the need to address gender in the country as a whole, and confirming recent critiques of overemphasis on programming in eastern regions. Nonetheless, small differences were noted among regions:

- In Maniema, reference was made to women’s intellectual inferiority; this was not heard in other provinces.
- In Bandundu town, people were especially fearful of witchcraft.
- Matrilineality was noted in Bas-Congo and Bandundu. In Kikwit, Bandundu women chiefs are actively campaigning for control of large tracts of land that belongs to their clans. The openness of the Kimbanguist church to women’s leadership roles and vocational education for women is attributed by some to its origin in Bas-Congo.

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92 Schroeder, Emily, “A Window of Opportunity…”, p. 8
93 Higate, op. cit., (see also)
• In Katanga and Maniema, mining and mineral exploitation, and apparently also smuggling, influence the overall structure of economic activity.

• Long years of war in North Kivu and the related influx of financial resources, peacekeepers and relief and development workers from many nations has led to overall growth of the economy and capacity development.

• Equateur, seriously affected by fighting like North Kivu, has remained comparatively isolated. MONUSCO plays a comparatively large role in supporting development there, for example, by preparing to permit use of its radio for women’s programming.

**GENERATIONAL DIFFERENCES**

• Marriage partners are increasingly chosen by the youth, rather than by their parents. Some see the likelihood of sustained family support with the traditional arrangement and/or trust their parents to be able to select a person who will be better suited for them in the long run. Others feel that the world has changed in ways their parents do not understand, so that their parents’ choice would be inappropriate.

• More couples are now living together without legalizing their union. Reputedly, this includes many young women who see a proposed union with an apparently well-off man from the city as an avenue out of poverty. Team members heard many stories of women, legally married or not, who were abandoned by their partners and left with responsibility for raising several children but had no means of support. Those who have been legally married at least have recourse to seek support through the courts (if they can afford to do this).

• Polygamy is said to be decreasing, but the construct that sexual performance by a man is emblematic of his masculinity leads to continuation of the practice of a man having (or being urged to have) one or more outside women.

• Asked how many children they wanted, educated urban youth, conscious of the costs of city life and the necessity of having a good education to access opportunities, typically said two or four while relatively few said ‘however many come along,’ or that it is ‘up to God.’

**URBAN/RURAL DIFFERENCES**

• Wider access to education for girls was often mentioned as leading cause of change in the DRC. Many parents see investment in girls’ education as a means for obtaining a larger dowry when their daughters marry. Two thirds of the population lives in rural areas where few girls, however, are able to complete primary school or obtain any secondary education. Marriage immediately after puberty is still common in many rural areas, and girls who get pregnant are barred by school policy from continuing their education.

• In an example of rapid rural-urban divergence, highly educated first-generation migrants to urban areas express frustration with the expectations placed on them by their elders in the villages. For example, a man’s father (in Kasai) may assume that it is his right to name his son’s children, while the urban migrant may wish to make these decisions himself, or even, if unusually liberal, in consultation with his wife. By the second generation of urban living, and possibly depending upon the region where the family is from, this expectation of maintenance of rural traditions in the city is largely eliminated.

• Traditions rigidly persist in villages, so a loving father may enjoy looking after his children, but he will not be able to feed them, because it is not compatible with masculinity for him to enter the kitchen. Other
people typically say he is no longer a man if he does this. Traditional male leaders emphatically denied having any involvement whatsoever with food preparation, and the assessment team heard several times that women may feel that men who help in the kitchen either distrust them or dislike the food they prepare, and might therefore seek another woman to cook for them. There is some evidence of change among educated men in urban areas, however. Several urban male interviewees acknowledged going into the kitchen. One confessed to occasionally entering the kitchen if his wife were away and if there were something he particularly wanted from the refrigerator. A young, highly placed provincial politician stated so enthusiastically that yes, he cooks, and then he was asked what he knows how to prepare. He said he may step into the kitchen to turn on the coffee machine, and boasted that this was emblematic of living a modern life. Only one interviewee reported that he actually cooks. He said that one day while watching television with his children a program about cooking was aired. His children wanted to see the food prepared and taste it, so he first cooked at that time and has continued to do so since.

- Other domestic tasks also bring shame upon a man and his extended family. An urban man who first hung out clothes after his wife had washed them, because she was sick, has never stopped hearing how he is no longer a man from family members. Apparently, however, he continues to do similar tasks around the home. Other men admitted helping to sweep, but only after closing the door so no one would see. Thus men in urban areas are cautiously adapting to new roles and assisting at home in ways that are unthinkable for traditional men in rural areas.

- Women throughout the country are working more outside the home to help support their families, and opportunities outside agriculture are much greater in urban areas. Deeply embedded masculine identity is challenged whenever a woman holds a higher or public position or earns more money than a man, so changing work patterns place demands on men. When they sense that their “natural” superiority and dominance, especially in the home, is threatened, for example through programming that explicitly emphasizes ‘empowerment of women,’ they may react defensively. Some men, unable to tolerate the opprobrium of having a successful wife, divorce her and leave her with full responsibility for raising their children, while others may resort to physical violence. Readiness to discuss appropriate roles for working women and men, and the relationship between work and home life, reveal the extent to which people are struggling with these changes in urban areas now.

- ‘Men and women are both humans, but there are professions that are reserved for men only.’ (man)
- ‘Men and women are equal in work and education’ (man)
- ‘Everyone is equal in terms of professional work, but not in the household.’ (woman)
- ‘In the professional domain, there is equality, but at home the woman has to know her place.’ (woman)
- ‘Equality between man and woman exists more in the urban areas than the rural ones.’ (woman)
RECOMMENDATIONS

To close the gaps in gender equality and promote sustainable impacts, this assessment makes a broad range of recommendations depending on the strategic directions of the new portfolio:

- Focus on both men’s and women’s interests and needs, and on youth to best promote behavior change in the near future, balancing activities among regions of the country (rather than focusing primarily on the East).

  This will ensure gender balance in USAID/DRC’s program and contribute to changing the zero-sum-based assumption that the empowerment of women implies diminution of men’s authority and of masculinity. Young parents will have the greatest effect on the succeeding generation, and already, educated youth, especially in urban areas, are diverging from customary practices related to marriage, family size, and naming of children. The challenges of gender inequality, including SGBV, seriously affect people in all regions of the DRC that were covered in this study. Citizens in some areas note that they are “paying a dividend for peace” because so much money is being channeled to the east.

- Reformulate the approach to empowering women to avoid reinforcing the common assumption that this implies the disempowerment of men and to avert (further) backlash. Consider, for example, appealing to joint male and female effort to foster national development rather than referring directly to power, and build on growing recognition of equality between women and men in education and work to promote greater gender parity in the rigid and sensitive domestic sphere.

  Stress in programming as well as in language of ‘working together’ or ‘joint effort’ to ‘most effectively achieve development goals for all citizens of DRC’ should be assessed for efficacy in addressing gender discrimination. Though traditional domestic roles remain very rigid, and some young women seek near-parity in domestic decision making, educated urban youth often note that men and women are now equal in education and work; this might be a cornerstone for promoting greater “complementarity” in the home.

- Work with communities in a participatory manner, finding space for men or women separately, or for both together, to reflect and create their own change, and to minimize change being seen as a response to outsiders’ directives.

  Local planning of development activities will enhance the sense of ownership of project results and promote sustainability. By sponsoring discussion groups, some organizations, including some churches, are facilitating reflection on a wide range of controversial and personally challenging gender-related issues. With support from other members of discussion groups, men and women will be able to adopt new behaviors and better resist the social pressure to strictly conform to traditional customs. Address the full range of sexual and gender-based violence, including exploitation of women’s labor and their exclusion from decision-making roles. Consider extending of services by organizations that provide legal assistance to victims and their families.

- Women are subjected to a wide range of discrimination in DRC, from demands for multiple pregnancies and exploitation of their labor, to lack of access to land, control over their income, and exclusion from decision-making roles in the family and public life. Overemphasis on ‘rape as a consequence of war’ has biased focus on SGBV in eastern DRC. Few women are willing to risk reporting rape or other violence because they fear reprisals, because men, who have access to more resources than most women,
commonly use bribery to avoid punishment. Legal services for victims are no longer provided by some well-regarded NGOs, but focus group participants noted the value of those services and lamented their closure.

- In project management:
  - Require critical gender analysis early, ensuring balance among the needs and interests of women, men, girls, and boys, and make sure it is comprehensively applied in detailed planning and implementation of all activities.
  - Demand the gathering and use of sex-disaggregated statistics in all phases of work, and ensure prompt adjustments in response to intermediate results to promote better outcomes.

Early and penetrating gender analysis will lead to more effective and sustained results. Rather than generating expensive and relatively inapplicable data, sex-disaggregated statistics will facilitate adjustments to guide implementation to best promote the interests of women and men, and girls and boys.

Specifically, in order to achieve a gender balanced CDCS impact, it is recommended that USAID consider the following recommendations if working in the areas of information dissemination, education, agriculture, health, democracy and governance, and peace and security:

- In information dissemination:
  - Employ innovative approaches and techniques to spread readily useable, locally relevant information in regional languages (based on assessment of the effectiveness of messages and the methods employed for their dissemination in numerous sensitization programs in the DRC) to improve livelihoods and promote behavior change.

Though many note the importance of education for culture change, most Congolese have very limited opportunities for schooling. Poverty and rapid population growth mean that development cannot wait for a time when everyone will go through school. Great emphasis is therefore placed on ‘sensitization’ in a large number of government and civil society programs in the DRC, but the effectiveness of the various approaches is unclear. Behavior change, including adopting new technologies and gender equality, will occur only if information is provided in a way that people can understand and appreciate. Thus, design of the content, structure, and mode of transmission of messages all require great care and continual testing.

- Expand the use of interactive approaches like theatre and audio-visual presentations, with implicit and explicit messaging, followed by facilitated discussion.

Ultimately, adults learn by doing rather than by being told, so truly effective communication requires much more than dispensing information. Results are much better when people’s attention is truly engaged. As in the oft-repeated adage: ‘Tell me, I’ll forget; Show me, I might remember; Involve me, I’ll learn,’ engaging groups in enjoyable events that leads to serious dialogue that continues well beyond the event itself is an excellent way of introducing new ideas, attitudes and behaviors, because social acceptance of, or support for, innovation may be incentivized.

- Exploit community radio programming more fully to reach a wider audience than can be done by text messaging, due to the country’s limited cell phone coverage, and because of the high cost of
sending teams to conduct interactive programs in remote locations. Include debates and call-in question and answer programs to encourage the use of practical information. Employ serial stories (soap operas) of family life in the context of changing social and economic conditions to catalyze discussion and foster acceptability of more flexible roles for men and women.

The assessment team heard of the existence of community radios in many remote areas, but cell phone coverage does not even fully cover major roads linking large cities. Some civil society innovators are planning women’s radio programming, and there are reportedly more women trained in or working in media in DRC than in any other sector. If people listen to the experiences of others who call in for advice on improving their use of a new technique for child rearing cultivating for a new crop, they may be more inclined to try it themselves. Well-facilitated discussions about the acceptability of changing social norms may similarly contribute to greater openness to change and possibly serve as topics for debate within local associations. If a well-liked, respected personality in a soap opera says or does something controversial, and a range of characters related to that person (for example, relatives in traditional villages and urban environments) express varying reactions, discussion about the acceptability of more flexible roles for men and women might be catalyzed.

- Examine options, including microfinance, for distributing radios (solar where feasible) to teachers, nurses and other health workers, and leaders of cooperatives, CBOs, NGOs, and women’s groups.

In many areas, people cannot afford batteries, and solar radios that have been given to women in some regions are said to now be used primarily by men. Distributing radios to women who play significant roles in local communities, after training them on how to use radios as part of their role in education, health care, or community organizing, might reduce the transfer of radios to men, while facilitating the creation of listening and discussion groups or support language or science teaching in schools.

- In education:
  - Update the curriculum and teaching materials to reflect gender balance
    a) by assessing recent textbooks and recommending further changes to balance roles for women and men in the family, work, and public decision making, and
    b) by including practical material and class project outlines with equal roles for both boys and girls related to nutrition, health, agriculture, livestock and forestry.

Comments about new school books are contradictory: some feel they have introduced (better) balanced roles for men and women, others say they are still based on colonial era pedagogy. Scope for another revision at this time may be limited if these books have been distributed widely. Since secondary school graduates can begin to teach in elementary schools without further training, older (rote) learning styles are no doubt being replicated. Involving classes in age-appropriate occasional practical activities like planting a few trees every year, keeping track of food intake for one week, or collecting plastic bags from roadsides – all activities that have been tried with varying success in other countries – might well augment their learning.

- Initiate pedagogical training for new primary school teachers, and provide upgrade training for existing teachers at all levels, including orientation to equal treatment of males and females in the classroom and effective use of the new curriculum to promote gender equity. Consider using radio to
reach groups of teachers in remote areas and to catalyze supportive discussion among them about ways to apply the new ideas.

Most students attend only a few years of school, especially girls. Primary education is arguably the most important, yet at this time, no training is required for secondary school graduates before they become teachers at primary schools. This is a crucial gap in the education system, and one that, if remedied well, could lead to significant change. USAID is beginning a new pilot program focused on the critical transition from primary to secondary schools for girls and a strong learning and evaluation component of the program will determine if it should be expanded. Teaching methods have not advanced since the colonial era, but the understanding of how children (and adults) learn has progressed in recent decades. Though poor and irregular salary is a problem for teachers, many reputedly continue to do their job because they believe it is God’s work. Were they able to apply new approaches to better facilitate learning by their students, one may assume they would find renewed interest and motivation to do well.

- Expand vocational training to include a wider range of skills offered to both women and men. Consider including the Kimbanguist church, which already sponsors some vocational training for women.

Vocational training for both men and women is a great unmet need in DRC. The inclusion of training and follow-up coaching in business planning and management, as well as programs to facilitate establishing micro or small enterprises (for example, by providing loans to purchase tools or equipment) might best contribute to creating greatly needed economic opportunities. New technologies involving light work like electronics (and small scale solar) assembly and repair could easily be done by women due to their finer manual dexterity. Where no occupational stereotyping exists thus far, they represent opportunities for broadening the scope for employment of semi-skilled women as well as men. The Kimbanguist church, which supports women’s involvement in public decision making, already sponsors some vocational training for women, and might readily participate in such programming.

- In health:
  - Prioritize comprehensive safe motherhood, addressing delayed first pregnancy, child spacing, antenatal care, and maternal mortality, especially among teenage girls.

The extremely high rate of maternal deaths in DRC destroys many lives and families. It is related to a wide range of customs, including very early marriage and pregnancy before a woman’s body is fully mature, lack of family planning (at least for child spacing), and inadequate antenatal care or assistance with delivery. A comprehensive approach to this distressing problem is essential.

- Address men’s health, responding first to their perceived health needs, then increasing their knowledge of and involvement with maternal and child health issues and family planning (keys to addressing safe motherhood).

A physician who was interviewed said that the only way men will be induced to take a more active role in caring for (and not abandoning) their children is for them to assist with the deliveries. This is one of the most segregated and taboo events in the DRC, and certainly could not be directly broached. Small steps to increase the engagement of men with reproductive health are recommended instead. Initially, men’s perceived health needs should be addressed to simply increase their
engagement with the health system: few men attend clinics or seek help with chronic health problems, so this is a significant gap and contributes to their low life expectancy. Just as pro-fertility programs initially led to social acceptance of women attending family planning clinics and ultimately promoted the adoption of family planning methods in many countries, men might slowly be educated about reproductive and family health issues in this way.

- Rationalize training programs for health workers by reducing the number of poorly equipped Institutes for medical technical training (ISTM) and strengthening selected institutions.

Fairly significant numbers of medical ISTMs exist, but equipment and supplies are rarely available, so it is not clear how many well trained graduate nurses and laboratory technicians exist. Reducing the number of such institutes and strengthening select ones could surely contribute to better health care for men and women throughout the country.

- Promote networking among women practitioners throughout the country to create opportunities for those working in similar jobs to share information and support one another.

As in so many fields, health workers, other than the highest ranking ones, lack lateral networks for sharing information and experience in the DRC. ISTMs, for example, maintain no alumni lists, so they have no way to contact former students for follow-up training, should provincial inspectors seek their support for this.

- Encourage public private partnerships for the provision of supplies and medicines and in quality training programs on the proper use and maintenance of equipment to ensure sterility and thus minimize transmission of infectious agents (including HIV), especially for women and children who are now the predominant users of health facilities.

This approach has been effective in many countries, and alleviates pressure on national budgets. People repeatedly stated that NGO (including donor) programs had been helpful, but were not sustained after they ended due to the inability of local actors to obtain needed supplies. If not properly adjusted, maintained and sterilized, equipment may lead to misdiagnosis or injury, cause medically-induced infections, and easily fall into disuse – all resulting in morbidity/mortality and excessive expense in the long run.

- In agriculture:

  - Craft information to meet women’s needs, time its delivery to fit their work schedules, and increase the numbers and effectiveness of female extension agents by working with agricultural colleges to train students to share information with communities and support local associations, not just to report findings to higher government officials.

Women perform 70% of agricultural labor and marketing of produce in DRC, but are unable to produce adequate food to address the widespread malnutrition in the country. They use age-old techniques, and could learn from evening radio broadcasts, and especially from female extension agents who provide hands-on instruction, encouragement, and follow-up. Students at an agricultural college have considerable practical training experience, but it apparently does not stress support for local associations or cooperatives. A relatively small percentage study agronomy as opposed to preparing for office jobs; all are instructed in reporting their findings to government offices rather than prioritizing ways to assist farmers.
- Expand support for the formation and sustained, efficient management of cooperatives, including clearly defined roles for women and men. Increase access to microfinance for agricultural laborers and cooperatives, and promote collective marketing schemes, to help farmers to access better inputs, sell their produce more easily and at better prices, and to keep their capital for reinvestment in succeeding crops.

Team members learned of cooperatives that had been formed with careful coaching over time and continued to function at a high level after several years, contributing significantly to improving the lives of women and men members and their families. Access to substantial credit and savings would facilitate the acquisition of tools, larger quantities of better seeds and other inputs, and better marketing to improve incomes by bridging the time between harvest when prices are low and later when prices rise.

- Facilitate women’s control over land and income from agricultural work, possibly through cooperatives, to encourage trials of new crops and to promote their decision making over use of funds for the family livelihood.

Reinvestment of profits from arduous labor is possible only if those profits are preserved from one season to the next. If women must give all their earnings to their husbands to comply with customary norms, they have no chance of escaping from the endless cycle of low-productivity labor.

Intermediate organizations, like cooperatives that assist with access to improved inputs, technologies, credit, and marketing, have already proven successful in DRC. Some NGOs provide land for groups of widows or other destitute women to cultivate. Yet, so far, there have apparently not been organizations that address the full range of financial management skills that women need to gain control of their capital, much less own land in their own names.

- Introduce mechanical grain mills to reduce the burden on women. Assess the acceptability of energy-efficient machines, like bicycle-pedal-plus-gear-powered models that can be manufactured locally, financed through microfinance or other mechanisms to communities, cooperatives, or families, and possibly operated by men.

Women spend many, many hours pounding grain with long wooden pestles. Reducing this burden by introducing energy-efficient, mechanical grain mills that can be manufactured and repaired locally, and creating work for (semi-)skilled craftsmen, would free up considerable time for other activities. Since this would be a new technology, the possibility of engaging men in a range of related tasks should be seriously explored.

- Promote more small livestock raising, including assessing the prospects for “para-veterinary” work for women and men.

Assessment team members were surprised during their travels by the apparent scarcity of livestock that could contribute crucial protein or a source of income for a family. Small numbers of goats and chickens were seen everywhere, and in some areas pigs were visible (though not in Muslim communities), but cattle were rare. Fowl are especially vulnerable to virus epidemics, and larger livestock represent a substantial investment that necessitates good care.

- In democracy and governance and peace and security:
- Promote rule of law by collaborating with other donors in fighting against impunity for rapists and other offenders, in promoting revision of the Family Code, and in addressing corruption.

Corruption has become endemic during recent decades of kleptocratic rule, and the courts are especially notorious loci for abuse. Women throughout the country are afraid to report rapes, for they know that the chance that a perpetrator will be released and seek reprisal is very great. Repeatedly, interviewees noted that sentencing a man to time already served while waiting for trial after his conviction for rape is a clear sign that bribery has taken place.

- Develop a capacity building program in transformative leadership for both men and women.

The dichotomized cultural model of power leads people who gain influential positions to emulate domineering leadership. Women are said to become arrogant and, if elected, disinterested in the people from whom they sought support to obtain their posts. A pattern of authoritarianism is perpetuated from incumbent to incumbent, making collaborative relationships within organizations very difficult to achieve. Alternative models of transformative leadership that seek to foster others’ capacities to maximize shared results have been included in some training sessions for women leaders in the region and suggest avenues for catalyzing more effective associations of all types.

- Coach women on network building, political action and electioneering, including fund-raising.

Women’s movement into elective office is severely constrained by limited understanding of political processes, narrow networks of association (social capital), and inexperience with electioneering. Lack of resources to move around to meet with voters, pay for advertising in various media, and thus conduct successful campaigns – and beyond this to sustain relationships with supporters if elected – is a great limitation. Very few women who hold traditional titles have succeeded in office thus far; it seems obvious that large networks for fundraising and developing popular movements are necessary for their continuing advancement in political life.

- Support the provincial Societe Civile to promote human rights and government-civil society collaboration.

All NGOs, CBOs, churches, professional organizations, media outlets and unions are considered members of the provincial Societes Civiles, but only some pay the annual dues. A young lawyer who leads one of these was interviewed, and created a very positive impression of sincere commitment to promoting human rights, gender equality, and an effort to struggle against abusive actions by government. Some support to these organizations, but not so much as to make them a target of repression, might be very effective in promoting the rule of law.

- Promote the engagement of women in all decision-making related to conflict resolution and peace building activities, and support active peace advocacy groups by coaching members to prepare for speaking in forums from which they have generally been excluded, to create opportunities for them to learn through experience about how to better target their efforts.
Despite considerable activism, women’s attendance at peace negotiations has been minimal, and they have had virtually no role in decision making, even after travelling at their own expense to meet international leaders who were to play important roles in the negotiations and to attend the negotiations.

- Encourage the formation of effective networking, especially for women, to broaden participation in peace building organizations and facilitate wider sharing of new ideas and approaches.

Civil society groups that work for peace seem very committed, but also appear to lack skill in choosing methodologies and targeting their efforts effectively. Some regional training organizations might be engaged to help upgrade their skills; this would provide networking opportunities with more experienced peace activists in the region as well.

- Enhance police training and the provision of special security facilities and services for women so that, for example, there are safe places for women to report crimes, separate cells for women in detention, and women have access to legal and psychological support as needed.

The assessment team was told of cases where women were held in prisons in the same cells as men. Special counseling and legal services are available primarily in the east, where domestic and international NGOs address rape cases are widely publicized, but few such services exist for women or men in other areas of the country.

- Assess the feasibility of community policing and formation of neighborhood watch groups to improve security for women and men.

At present, individual households that can afford to pay for private guards try in this way to protect themselves and their property. Ideally, shared street or community-level responsibility for ensuring the safety of neighborhoods could contribute to less crime, higher rates of criminal capture, and a deeper sense of accountability for public welfare. As with any move to empower a small number of citizens, there could be abuse, so such programming should be carefully implemented to ensure broad based participation.
CONCLUSION

Based on our qualitative, ethnographic assessment in seven regions of the DRC, the team came to the following conclusions.

Congolese culture is grounded in a set of interrelated forms of power, rigid notions of masculinity and femininity, communalism, exchange of favors, and perceived other-worldly forces. A dichotomized concept of power means that someone is always dominant and the other submissive, so a man is “head of the family” and a woman is expected to submit to his authority. Masculinity requires that a man support his family well and not demean himself by helping in the home; if he does, his extended family and neighbors make it their business to say he is no longer a man and criticize his wife for dominating. Exchange of favors is the currency of social interaction. Men control money and other resources, but women have only their bodies, so girls who receive high grades in school and women who hold prominent appointments are suspect. Politicians are also assumed to gain their positions through exchanges in the highly corrupt milieu; men who give large gifts to voters are elected, but women, who are not expected to bring boons to their areas, very rarely reach elected positions. Christianity is cited to explain the respective roles of men and women; some militia and national leaders claim to have been called to their roles by God. Witchcraft is widely feared, and any unusual event is assumed to be caused this way, but Christianity – and presumably also Islam and Kimbanguinism – are thought by many to be more powerful.

Many women marry in their teens, bear many children, labor unstintingly in fields to produce meager crops, and give the money they earn to their husbands, who may even use it to acquire a second wife. Their access to education, health care, justice, land and credit are very limited. The Constitution ensures equal rights for all citizens, but the Family Code gives women the status of children – they must obtain permission from their husband to open a bank account or travel. Deep inconsistencies exist between national law and international conventions like the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), to which DRC is signatory. Widows are commonly deprived of the husband’s property, and, like women who have cohabited with a man who then leaves, generally receive no support raising their children. Domestic violence is often explained as a means of assuring a woman that her husband has not forgotten her for another woman. Rape is very common throughout the country, not only in areas affected by war and ongoing militia conflict.

Effective and sustainable development impact can be obtained in DRC only if the cultural constraints that women and men face in their domestic and public roles are sensitively addressed through policy development accompanied by sustained implementation support, and as an integral part of projects to improve food production, governance, and access to information, education, health care, credit, governance including justice, and security. Programs that explicitly seek to empower women are often interpreted as attacks on men, whose needs for economic opportunity and self-esteem must also be addressed in a carefully implemented, holistic, gender-grounded approach to development throughout the Congo.
APPENDICES
APPENDIX A. BIBLIOGRAPHY

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Included frank discussion of treatment of widows and of witchcraft beliefs.


Statistics on health, nutrition, education, water and sanitation.


Ushindi Baseline Evaluation, Project – assesses perceptions and attitudes toward rape victims; “grades” responses from various sites.


Examines role of Dutch NGOs, provides good historical summary.
APPENDIX B. SCOPE OF WORK

USAID/DRC GENDER ANALYSIS SCOPE OF WORK
February - March 2012

BACKGROUND
USAID/DRC will be developing a new Country Development Cooperation Strategy (CDCS) for FY 2013-2018. In keeping with Agency policy, including USAID’s new Gender Policy, USAID/DRC is undertaking a gender analysis to generate the necessary information and establish guidelines that can be applied to the Mission’s strategic planning process to ensure the completion of a well-integrated CDCS for the Democratic Republic of Congo (DRC). In addition to the CDCS, this gender analysis will contribute to meeting the objectives of the Global Health Initiative (GHI) Strategy.

The Mission is required to conduct a gender analysis during this strategic planning process. Recognizing that the dynamics of gender relations are both socially and culturally variable, Agency technical guidance states:

“Gender issues are central to the achievement of strategic plans and Assistance Objectives (AO).…Accordingly, USAID planning in the development of strategic plans and AOs must take into account gender roles and relationships. Gender analysis can help guide long term planning and ensure desired results are achieved. However, gender is not a separate topic to be analyzed and reported on in isolation. USAID’s gender integration approach requires that gender analysis be applied to the range of technical issues that are considered in the development of strategic plans, AOs, and projects/activities (ADS 201.3.9.3).”

OBJECTIVES
The gender analysis will be a forward-looking document that combines socio-economic and demographic analysis of the country from a gender perspective with the aim of informing the strategy development process and identification of the Development Objectives (DOs) that the Mission plans to focus on during the next five years. The assessment should focus on broader contextual implications of gender roles in the DRC and within the key technical sectors where U.S. assistance is currently focused.

The objectives of the gender analysis are as follows:

- To identify gender-related opportunities, constraints, gaps, and potential approaches to increase gender equity and access to development outcomes for men and women, boys and girls;
- To identify and assess broader systemic and structural issues within the DRC, including the Government of DRC (GDRC) gender-related policies and programs, that impact the ability of women and men to have equal conditions to realize their full rights and potential and to contribute to and benefit from development results;
- To analyze the potential differential impact of development programs on men and women in the DRC, taking into consideration gender roles, ethnic and geographic nuances, socio-economic status, social marginalization and vulnerability, and other key variables;
- To identify and assess priority needs of women and girls and the engagement of men and boys at the community level, to inform the design of the strategy and activities;
- To identify age-specific gender roles and norms, including positive protective norms, that affect access to and control over resources and describe how gender roles have evolved in recent years;
To identify social investments that facilitate gender equality at the family, community, and government level that can be integrated into programming.

**GENDER ANALYSIS OUTLINE**

The Gender Analysis Report will include the following sections:

**A. Overview**

1. **Overview of Gender Issues in the DRC:** This section should provide a broad overview of the significant gender issues for the DRC in economic growth, health, democracy and governance, peace and stability, social protection, and education, using macro gender indicators to highlight the issues in each of these sectors. It should provide a brief picture of the changing gendered social, cultural, and political economy in the country. This section should also look at the various dynamics in the DRC with regards to gender roles by examining:

   a. the implication of structures, procedures, discourses, and results/outcomes of state and social/cultural policies for gender relations in all social systems including work, governance, politics, everyday interactions, families, economic development, law, education, health, and social protection, among others; and,

   b. in turn, the conditions and extent to which gender relations affect social policies through changing attitudes, outcomes, and incentives for change.

2. **Policy Environment and Capacity at the National and Local Levels:** This section reviews and analyzes the policy environment and national capacities regarding efforts to promote gender equality. It covers the government policies, priorities, efforts, and institutional arrangements in place, as well as civil society’s efforts to promote gender equality. The discussion should be relevant to USAID technical areas and needs to include an analysis of:

   a. the overall fit between state and non-state institutions, capacities, and ideologies and the content of social policies, as well as the manner in which gender dimensions are embedded in the formulation and implementation of social policies and priorities; and

   b. the implications of efforts to promote gender equality by the government and the civil society on social organizations at the household, community, and societal levels and their impact on the everyday lives of women, men, children, and youth.

**B. Mission’s Strategic Priorities and Associated Gender Analysis**

This section will provide more in-depth analysis of the gender gaps that could be addressed in USAID’s future technical programming, with the understanding that these may evolve during the CDCS process and that this gender assessment will inform the development of the strategy. The Mission has recently begun the CDCS process and therefore has not identified the Development Objectives of the new DRC strategy. The previous Country Assistance Strategy focused on the following key areas of intervention:

- Economic Growth (including agriculture and environment)
- Democracy and Governance
- Health
- Education
• Peace and Stability
• Social Protection

However, with the CDCS process, the Mission is taking a fresh look at its development priorities and approaches in the DRC. To ensure gender-sensitive Development Objectives, the following should be considered:

1. Analyze USAID’s strategic priorities with a discussion of alignment with host country priorities95 and broader international gender norms and standards as well as applicable United States Government (USG) and USAID policies and strategies.
2. Provide more detail on the gender constraints/disparities and gender gaps that could be most effectively addressed through targeted USAID foreign assistance.
3. Discuss best or promising practices, positive protective norms, social investments, and other opportunities to address gender constraints and disparities.

C. Integrating Gender Equality Results into the future CDCS Results Framework

Based on findings, provide illustrative results and indicators to measure the progress and impact for the gender equality/women’s empowerment goals identified that the Mission can incorporate into its future overall results framework and performance management plan (PMP). The team should take into consideration mandatory cross-cutting gender indicators that have been identified by USAID’s Policy, Planning and Learning (PPL) bureau for annual reporting.

D. Conclusions

This section will present overall findings from the above sections. More specifically, what are the most significant constraints to improved gender parity in the DRC.

E. Recommendations: Opportunities and Entry Points

Drawing from the analysis and the constraints identified above, present any opportunities for USAID to ensure that its new strategy results in key gender equality changes at the highest level. These may include:

1. Potential supporting strategies and national resources, including initiatives by other donors, host country government institutions, civil society groups and any potential areas of collaboration or partnership;
2. Particular issues relating to gender equality and women’s empowerment that would result in the greatest impact in increasing gender equity through USAID’s five-year strategy;
3. Resources required to strengthen the gender equality dimensions of the country program, including human resources, training needs, and additional planning/design tools; and
4. Potential results (and associated indicators) that could be incorporated into program planning and activity design at the DO level.

F. Annexes

95 Host country priorities are outlined in the National Poverty Reduction Plan (Document de Stratégie de la Croissance et de la Réduction de la Pauvreté (DSCRP)).
Annexes may include but are not limited to bibliography, methodology, basic concepts, list of key informants, and local gender experts and organizations in the DRC.

METHODOLOGY
The various illustrative methodological approaches are suggested for the Gender Analysis but may be modified with permission of the DTS COTR. The field work is proposed to take place in the following provinces: Katanga, North Kivu, West Kasai, Bas Congo, and Equator but final determination of the field sites will occur after consultation with the Mission.

1. Comprehensive literature review of pertinent documents including: a) studies and assessments conducted by donors, non-governmental organizations (NGOs), host country government, and the local and international academic community; and b) USAID documents, including but not limited to, the Mission’s current strategy, annual reports, strategic implementation plans, situation analyses, sector assessments, and evaluations (see Bibliography Section). The consultant should consult with the Gender Advisor to USAID/PPL (Caren Grown) via phone. (prior to travel);

2. Upon arrival at USAID/DRC, the assessment team will present an overview of the literature review to the Mission and suggest particular gaps in the literature that should be a focus area of the gender analysis (sectoral, geographic, etc).

3. Meetings with USAID staff, including the Program Office and technical staff, to discuss the Mission’s work in each program area, the questions they have for incorporating gender goals into possible development objectives, expectations for the analysis, and specific questions they would like answered in the report.

4. Discussions and key informant interviews with key donors (i.e. Gender Thematic Working group), local and international NGOs active in gender-related areas, USAID implementing partners, and host country government officials. The consultants will be expected to develop a list of key contacts and provide the list to USAID/DRC for approval two working days prior to the meetings.

5. Focus group discussions with USAID project beneficiaries and key informant interviews with implementing partners, local government officials, and other donors in the field at selected sites.

6. Data synthesis, preliminary analysis, and debrief presentation to Mission. Summary of Gender Analysis findings presented to USAID prior to departure (first draft preferable).

7. Final drafting of Gender Assessment

8. Revision of Gender Assessment after receiving Mission Feedback

9. Deliverables
   a In briefing and debriefing to the Mission: The evaluation team will provide an in brief and debrief to the Mission to ensure full Mission participation in the Gender Assessment. The in brief will present the findings from the literature review.
   b Work plan/schedule: A work plan/schedule is created within three working days after the start date of the consultancy.
c  Draft gender analysis: The draft gender analysis will be completed within 54 working days, in both hard and electronic versions, after the start of the consultancy. The Mission will have 10 working days to provide comments.

d  Final gender analysis: A final gender analysis will be completed within five working days after the Mission submits comments.

LEVEL OF EFFORT AND TIMING
The gender analysis will require approximately nine weeks of effort (49 working days total), based on a six-day work week, and will require a team of two individuals (with additional ex-officio team members from DTS and USAID and local interviewers). Each consultant will have LOE for collection of materials and literature review, before commencement of the field work. In country, the suggested timeframe for data collection and preliminary analysis is 30 working days. The team leader will have additional home-based working days for completion of the analysis and revision of the gender analysis draft report based on Mission input. (When needed, these additional working days can be allocated to the other team member by the team leader.) In addition, each consultant traveling from outside the DRC will be given up to four days total for travel. The team will begin work in late-February 2012 and leave the DRC on or around April 2012. It is anticipated that while in the DRC, the team may split into two or more teams in order to maximize data collection.

An illustrative LOE schedule is:

- Literature Review: 5 days
- Key Informant interviews in Kinshasa: 10 days
- Field visits (key informant and focus group interviews): 12 days
- Data synthesis and preliminary draft and debrief: 7 days
- Final Drafting of Gender Assessment: 10 days
- Revision of Gender Assessment: 5 days
- Travel to/from DRC: 4 days (international consultant only)

EXPERTISE REQUIRED
The gender analysis will require a team of four experts and focus group facilitators (number to be determined) including:

1. A social scientist/team leader with a graduate degree (PhD preferred) in rural development, economics, sociology, political science, anthropology, or other social science discipline. This international expert must have a minimum of five years post-degree experience analyzing gender issues in Africa. Prior experience in the DRC is highly desirable. French and English language (reading/speaking) is required and excellent English-language writing skills are required. This expert must possess computer skills in word processing and spreadsheets and must be knowledgeable about USAID programming policy and gender analysis requirements. The social scientist/team leader will also manage the preparation and presentation of the team work plan, and finalize the division of responsibilities among team members.
2. A senior Congolese social scientist, who must possess at least a master’s degree in a social science or in the development field, and have a minimum of three years of post-degree experience in gender analysis in the DRC. S/he must have knowledge of local and regional organizations that address gender issues. Knowledge of host country national and sub-national gender policies is required. This individual will be responsible for the other sectors not covered by the team leader.

3. The team will also include two DTS Employees – the senior advisor to DRC and a Congolese specialist. The individuals should be familiar with gender-in-development issues. Bi-lingual French and English speaking capability is required. The DTS employee will take leadership in arranging meetings with international organizations and DRC agencies and organizations located in Kinshasa and in logistical support of the team.

4. The Mission’s Gender Advisor will also participate as necessary in the team. This individual should be fully informed of how the Mission is currently addressing gender issues. The USAID employee will be responsible for arranging all meetings with offices located within the USAID building as well as implementing partners through their respective technical offices.

5. Local interviewers will participate as focus group and key informant facilitators and note-takers. The interviewers must have knowledge of French and the local languages where the study takes place. They must have appropriate focus group facilitation, training, and experience.

LOGISTICAL SUPPORT
DTS/M&E/DRC will provide full logistical support for the team while in Kinshasa, including lodging, local transportation, office space, internet connection, communications, and basic office supplies. The International Expert will have budget and responsibility for procurement of local transportation during any travel to the provinces. Both the international expert and the local expert will be expected to provide their own laptop computers.

PRELIMINARY BIBLIOGRAPHY
1. Automated Directives System (ADS) 201.3.9.3 “Gender Analysis”
2. USAID Draft Policy on Gender Equality and Female Empowerment
7. USAID/DTS: DRC Sexual Gender-Based Violence Assessment (currently in draft form)
10. USAID/DRC – Gender in the Agriculture Study (draft form – see Economic Growth team)
11. USAID/DRC Team performance management plans and results frameworks
12. USAID/DRC Project documents/reports as requested;
13. USAID/DRC PEPFAR GBV Country Plan: Democratic Republic of the Congo (DRC)
USAID/DRC will be developing a new Country Development Cooperation Strategy (CDCS) for FY 2013-2018. In keeping with Agency policy, including USAID’s new Gender Policy, USAID/DRC is undertaking a gender analysis to generate the necessary information and establish guidelines that can be applied to the Mission’s strategic planning process to ensure the completion of a well-integrated CDCS for the Democratic Republic of Congo (DRC). In addition to the CDCS, this gender analysis will contribute to meeting the objectives of the Global Health Initiative (GHI) Strategy.

The gender analysis will be a forward-looking document that combines socio-economic and demographic analysis of the country from a gender perspective with the aim of informing the strategy development process and identification of the Development Objectives (DOs) that the Mission plans to focus on during the next five years. The assessment will focus on broader contextual implications of gender roles in the DRC and within the key technical sectors where U.S. assistance is currently focused.

The objectives of the gender analysis are as follows:

- To identify gender-related opportunities, constraints, gaps, and potential approaches to increase gender equity and access to development outcomes for men and women, boys and girls;
- To identify and assess broader systemic and structural issues within the DRC, including the Government of DRC (GDRC) gender-related policies and programs, that impact the ability of women and men to have equal conditions to realize their full rights and potential and to contribute to and benefit from development results;
- To analyze the potential differential impact of development programs on men and women in the DRC, taking into consideration gender roles, ethnic and geographic nuances, socio-economic status, social marginalization and vulnerability, and other key variables;
- To identify and assess priority needs of women and girls and the engagement of men and boys at the community level, to inform the design of the strategy and activities;
- To identify age-specific gender roles and norms, including positive protective norms, that affect access to and control over resources and describe how gender roles have evolved in recent years;
- To identify social investments that facilitate gender equality at the family, community, and government level that can be integrated into programming.

**GENDER ANALYSIS OUTLINE**

The Gender Analysis Report will include the following sections:

- Overview
- Mission’s Strategic Priorities and Associated Gender Analysis
- Integrating Gender Equality Results into the future CDCS Results Framework
• Conclusions
• Recommendations: Opportunities and Entry Points

**METHODOLOGY**

The field work is proposed to take place in the following provinces: Katanga, North Kivu, West Kasai, Bas Congo, and Equator but final determination of the field sites will occur after consultation with the Mission.

1. Comprehensive literature review of pertinent documents including: a) studies and assessments conducted by donors, non-governmental organizations (NGOs), host country government, and the local and international academic community; USAID documents, including but not limited to, the Mission’s current strategy, annual reports, strategic implementation plans, situation analyses, sector assessments, and evaluations (see Bibliography Section). The consultant should consult with the Gender Advisor to USAID/PPL (Caren Grown) via phone. (prior to travel);

2. Upon arrival at USAID/DRC, the assessment team will present an overview of the literature review to the Mission and suggest particular gaps in the literature that should be a focus area of the gender analysis (sectoral, geographic, etc).

3. Meetings with USAID staff, including the Program Office and technical staff, to discuss the Mission’s work in each program area, the questions they have for incorporating gender goals into possible development objectives, expectations for the analysis, and specific questions they would like answered in the report.

4. Discussions and key informant interviews with key donors (i.e. Gender Thematic Working group), local and international NGOs active in gender-related areas, USAID implementing partners, and host country government officials. The consultants will be expected to develop a list of key contacts and provide the list to USAID/DRC for approval two working days prior to the meetings.

5. Focus group discussions with USAID project beneficiaries and key informant interviews with implementing partners, local government officials, and other donors in the field at selected sites.

6. Data synthesis, preliminary analysis, and debrief presentation to Mission. Summary of Gender Analysis findings presented to USAID prior to departure (first draft preferable).

7. Final drafting of Gender Assessment

8. Revision of Gender Assessment after receiving Mission Feedback

9. Primary Deliverables: Any project related deliverables will be submitted to the Employer’s designated Supervisor for input and quality assurance two working days prior to submission to the Client.
   a  In briefing and debriefing to the Mission
   b  Work plan/schedule
   c  Draft gender analysis
   d  Final gender analysis

In addition, Consultant will submit weekly status reports to the Employer that should outline status of project and major deliverables, discuss challenges, if any, and describe the next steps.
APPENDIX C. QUESTIONNAIRES

FOCUS GROUP THEMES

Roles in the Family and Society

1. What does it mean to be masculine? to be feminine? Do young people and old people see this the same way? Why is it changing?

2. What should boys and girls be like? Teenage boys and girls? Women and men? Elders?

3. How are marriage arrangements different now than before? How do boys and girls meet? How old should boys/girls be when they get married? What is the best age for a woman to have her first child? How many children is it good to have? Who should decide about family planning? If the couple gets divorced, who should be responsible for the children? Do women inherit from their husband? from their own family? (how) is this changing? If the father dies, who should take care of / be responsible for the children?

4. When should young men and women start to work for money? If the woman has a good job, how does that affect her relationship with her husband -- and his family? Should men or women or both together decide on how to spend money?

About Equality

5. What would it mean for men and women to be more equal in DRC? Would women/men want equality? Are there some areas of life where men and women are now more equal and less equal in DRC now? Why are they equal or unequal? (Is this) How is this different from the past? How and why is it changing? What motivates men / women to change their attitudes and behavior? How could equality be promoted effectively?

Greatest needs of men and women

6. What is most important to men and to women for development? (In general, only later ask about specific sectors….)

   - In education
   - In vocational training
   - In health
   - In counseling (post SGBV and other)
   - In farming
   - In water supply
   - What other income generating opportunities
   - In access to information
   - In access to credit
   - In managing / punishing crimes (justice)
In other (transport, roads, sanitation, and access to markets…)

7. What kinds of information would you like to have related to the above topic?
8. If you could have one thing to improve your community, what would you wish for?

About Development Programs

9. What are the most common strengths and problems (related to involving and helping men and women) in development programs in DRC? What should be done to make them better?

10. When there is a new program in this area, are certain types of people more likely to get involved quickly? For example: men or women? Older or younger? Better off or poorer? Community or religious leaders? Married women or widows or women heads of households? Dominant ethnic groups? Healthy or disabled?

11. Does this lead to those people gaining more benefits from development programs? What could be done to involve and help everyone?

12. Is it good for women belong to groups such as CBOs, production or marketing cooperatives, school or health committees? What prevents women from participating fully in the political life of the community / province? What skills development would you like in order to be able to participate in groups like this and to become a leader in one?

13. In what ways does the Government promote women’s equal rights, well-being, and opportunities through its policies and programs? How do NGOs, churches, traditional leaders, family members do this? What would you like the Government to do enhance its efforts? What should NGOs, churches, traditional leaders, families do promote equal rights?

Security, SGBV

14. What is sexual violence, and what is rape?

15. If a man in your community were known to beat his wife, what should other people do to protect her? What should men do? What should women do? Should they wait a while first?

16. If a woman is raped what should be done first? How should her family react? Is the attitude toward raped women changing? What are the main reasons for this change? What if a boy or man is raped, compelled to rape, or to watch rape of his family members? What should be done? How could rape be prevented in your community? What should men and women do to prevent SGBV?

17. Are men and women able to obtain justice after they have been attacked? What is the responsibility of the police? of the justice system? What should be done to make it easier for survivors to contact authorities, to be treated well, and to obtain appropriate results?

18. What about men or women, boys or girls who return home after being in the military? What was most challenging for them? How should the community help him or her to fit back in? Have community attitudes changes toward girls and boys who have participated in armed groups during the past ten years? What are the greatest challenges for these boys and girls, for their communities?

These questions were augmented as follows:
Does the situation of insecurity affect females and males daily life? In what ways?

How does the situation of fragility and conflict in DRC influence gender roles and norms; how should this be factored into work by USAID in this area? What particular challenges and opportunities are created by the national and local conflicts and instability?

Were women involved in the fighting?

What is the level of female participation in discussions about security at the local, provincial or national level? What influences their relative participation in those discussions and, if they are not included, what aren’t they? What strategies might be used to overcome the exclusion?

To what extent do efforts to reduce insecurity, promote state building and peace building as well as to enhance rule of law address women’s priorities and needs? What might be done to enhance the focus?
FRENCH TRANSLATION: THEMES POUR LES GROUPES DE DISCUSSIONS

Rôles au sein de la famille et la société

1. Que veut dire être masculin? Être féminin? Est-ce que les jeunes gens et les vieux le considèrent-ils de la même manière? Pourquoi ce changement?

2. A quoi doit ressembler un garçon/une fille? A quoi doivent ressembler les adolescents (garçons et filles)? Les hommes et les femmes ? Les vieux?

3. Quelle différence y a-t-il dans les arrangements de mariages actuels et d'antan? Comment est-ce que les filles et les garçons se rencontrent-ils? Quel est l'âge du mariage pour les garçons/filles? Quel est l'âge convenable pour une femme d'avoir son premier enfant? Quel est le nombre convenable d'enfants dans un foyer? Qui décide de la planification familiale? Si un couple divorce, qui devra garder les enfants?

   Est-ce que les femmes bénéficient de l'héritage de leurs maris ? de leurs propres familles ? (comment) est l'évolution? Si le père meurt, qui sera avoir la garde des enfants?

4. Quand est-ce que les garçons et les filles doivent commencer à travailler pour gagner de l'argent? Si une femme a un bon emploi, comment est-ce que cela affecte sa relation avec son mari, et sa famille? Est-ce que les homes ou les femmes sinon les deux décident ensemble sur les dépenses de l'argent?

Au sujet de l'égalité

5. Que voudrait dire l'égalité pour les homes et les femmes en RDC? Est-ce que les femmes/les homes voudraient-ils avoir une égalité? De quelle manières / secteurs de vie est-ce que les hommes et les femmes sont-ils plus égaux et non égaux en RDC, de nos jours? Quelle en est la différence par rapport au passé? Comment et pourquoi ce changement? Qu'est-ce qui motive le changement des attitudes des hommes et des femmes et leurs comportements ? Comment faire une promotion convenable de l'égalité ?

Les plus grands besoins des hommes et femmes

6. Qu'est-ce qui est plus important pour les hommes et les femmes? En général, plus tard parler des secteurs spécifiques …

   - Education
   - Formation professionnelle
   - Santé
   - Conseils (post SGBV et autres)
   - Agriculture
   - Approvisionnement en eau
   - Quels sont les autres opportunités de revenu
   - Accès à l'information
   - Accès au crédit
   - Gestion et Punition de la criminalité (justice)
7. Quel genre d’informations voudriez-vous avoir en rapport avec le sujet ci-dessus?

8. Si vous pouviez faire une seule chose pour changer votre communauté, que voudriez-vous faire ?

**A propos des programmes de développement**

9. Quels sont les problèmes et les forces (liés à l’implication et l’aide aux hommes et femmes) dans les programmes de développement en RDC ? Que faut-il faire pour améliorer ?


11. Est-ce que ceci conduit à plus d’avantages pour ces personnes ? Que faut-il faire pour impliquer et aider tout le monde ?

12. Est-ce une bonne chose que les femmes appartiennent aux groupes tells que les CBO, production ou les coopératives de marketing, les comités d’écoles ou de santé ? Qu’est-ce qui empêche les femmes à participer pleinement dans la vie politique de la communauté ou de la province ? De quelles connaissances de développement est-ce que vous avez besoin pour être capable de prendre part à ces groupes et à devenir une leader dedans ?

13. De quelle manière est-ce que le gouvernement fait la promotion de l’égalité des droits des femmes, leur bien-être, et les opportunités via ses programmes et politiques ? Comment est-ce que les ONG, les églises, les chefs coutumiers, les membres de la famille le font-ils ? Que voudriez-vous voir le gouvernement améliorer dans ses efforts ? Qu’est-ce que les ONG, les églises, les chefs coutumiers, les familles peuvent faire pour la promotion de l’égalité des droits ?

**Sécurité et SGVB**

14. Que signifie violence sexuelle ? Que signifie viol ?

15. Si dans votre communauté un homme a la réputation de battre sa femme, que font les autres pour la protéger ? Que doivent faire les hommes ? Que doivent faire les femmes ?

16. Doivent-ils laisser passer le temps ?

17. Si une femme est violée, que doit-on faire en premier ? Comment sa famille devra-t-elle réagir ? Est-ce que l’attitude par rapport aux femmes violées change ? Quelles sont les raisons principales de ce changement ? Et si un garçon ou un homme est violé, ou participe à un viol, ou est forcé à regarder le viol des membres de sa famille ? Que doit-on faire en premier ? Comment prévenir les viols dans la communauté ? Que doivent faire les hommes et les femmes pour prévenir les SGBV ?

18. Est-ce que les hommes et les femmes obtiennent bénéficient d’une justice s’ils sont attaqués ? Quelle est la responsabilité de la police ? Celui du système judiciaire ? Que faut-il faire pour faciliter le contact entre les survivants et les autorités, d’avoir gain de cause et obtenir des résultats appropriés ? Qu’en est-il des homes et femmes, garçons et filles qui reviennent après été dans le service militaire ? Quel serait leur
principal défis? Comment la communauté fait pour les reintégrer ? Quelles sont les attitudes de la communauté vis-à-vis d’eux (ceux qui ont pris part aux groupes armés dans les dix dernières années) Quels sont les défis majeurs de ces jeunes gens dans leurs communautés?

**Femmes, Paix et Sécurité**

- Est-ce que la situation d’insécurité affecte la vie quotidienne des femmes et des homes? De quelle manière?

- Comment est-ce que de fragilité et du conflit en RDC influence les rôles et les normes du genre; comment est-ce cela doit être par le travail de l'USAID dans ce secteur? Quelles sont les défis particuliers et les opportunités sont crées par les conflits locaux, nationaux et l'instabilité ?

- Est-ce que les femmes ont été impliquées dans les combats?

- Quel est le niveau de la participation féminine dans les discussions sur la sécurité au niveau local, provincial et national? Quelles influences leur participation éventuelle aurait été dans les discussions, et si elles ne sont pas prises en compte, pourquoi ne le sont-elles pas? Quelles sont les stratégies qui auraient pu être utilisées pour surmonter cette exclusion?

- A quelle ampleur est-ce que les efforts de réduction de l’insécurité font la promotion de la l’établissement de l’état et aussi bien que l’amélioration l’état de droits afin d’aborder les questions prioritaires pour les femmes et leurs besoins ? Que faut-il faire pour améliorer la focalisation?
KEY INFORMANT INTERVIEW GUIDE

Start by explaining that USAID is carrying out this study in order to identify ways to make sure their programming addresses the needs of both women and men during the next few years. It is not about any one sector (like education, health, infrastructure, or governance) -- instead it is cross-cutting. It is an effort to understand the relationships among men and women and, if they are changing, in what ways are they changing so that future projects will be as effective as possible. My questions are both about how the society is changing in general and about your work or social role.

Part I:

Please summarize for me the work that you / this department or organizations do(es) / your work or social role.

Are issues related to men and women and their relationships important in your work?

[before going on too long…]

Example one:

Can you give me an example of a really successful activity or project or an event in which you were involved in your social role that concerns women or men and/or their relationships?

What are/were the key issues? Were there specific goals of this activity or project and in what ways has this been successful?

Why has it succeeded? What has worked especially well? Why has it succeeded?

Example two:

Please give me an example of an activity or project concerning women or men that has been difficult?

What are/were the goals of this activity or project, and in what ways has it not worked well?

Why has it been problematic? Are there particular things that have failed? Why? What will you (try to) do differently next time?

---

For both of these, are data compiled at the beginning and during the work disaggregated by sex?

What links do you have with other agencies and civil society and how do they help in your work?

Part II:

What are the major characteristics of the roles of women and men in this province of DRC?

What changes are occurring in the roles of women and men in this region? In…

**CHOOSE THEMES AS RELEVANT**

Marriage and the family

- In case of divorce, are the children’s rights protected?
- Decision making about education…
• What is the typical age of marriage of males and females in this area?
• How many children should there be in a family? Is the ideal number changing?
• How are the ways in which boys and girls meet changing?

Work, livelihood opportunities

• Is the Law de travail something that family members / people think about a lot?
• Who controls money that either men or women through their own work in this community?
• If women work full time (paying job), what do community members think/ say?
• What are the consequences of women’s full time work? – Benefits, problems? What about effect on children’s education? Family health?
• What is necessary to enforce constitution clause 14? -- equal representation of men and women in all public organizations?

Credit

• Are men and women both able to get credit for their work? Why / why not?

Health

• Who should decide about having children, using family planning?
• Care of pregnant woman? Midwives? HIV/AIDS?
• Information on child nutrition?
• Completeness of immunizations?
• What are the main health problems of men and women? Girls and boys?

Education

• Which parent takes more interest in the children’s education?
• If they both work how does that change attitudes of men and women to education? Why?
• How do they choose among options for their children’s education?
• Which choices do men and women prefer? Why?
• When does having both parents working interfere with children’s education?
• How should the couple resolve differences of opinion about education?

Information

• How does information circulate about development?
• So men, women, boys, and girls, have equal access to information?
  • Why / why not?
  • What kind of information should you have to get better results (in your agricultural or other work, or in your professional role?)

**Public decision making**
• Why are women less represented in decision making organizations?
• What do you think about women taking decision making roles in public institutions?
• What skills do men and women need to better contribute to decision making in local organizations?
• What would help women to undertake elected position?
• What is the effect on men?

**Justice**
• Are people satisfied with implementation of justice?
• Do men and women have equal access to justice?
• Should they have equal access to justice?
• Are women organized in a way that helps them access justice?
• What additional support is needed to improve the situation?
• Have justice procedures been well established?
• What should be done to improve access to and administration of justice?

**Community Groups**
• Do women have equal responsibility in church organizations? (including church-sponsored NGOs)
• Is it important for women to participate in community or other local organizations?

**Conflict management**
• What kinds of project could bridge tensions between ethnic or other groups?
• Have you seen a project recently that was effective in reducing group tensions?
• Do women want equality?
• How should women be involved in peace building efforts?
• Are men very concerned about women’s presence in meetings and/or by their participation in conflict management decision making?
Development Projects

- Do men and women participate equally projects in their community / set up by your organization? In what types of projects are women most involved?
- Are they engaged in conception, design, implementation, and monitoring and evaluating projects sponsored by Government and/or partners?
- Do both men and women spontaneously come to meetings about projects?
- Do they participate equally in meetings? Do they share their ideas equally?
- What are their attitudes about men and women’s roles in projects?
- When do boys and girls get involved in projects?

Gender programs

- Do you think it is important for government to promote equal opportunity for women and men?
- Are provincial level gender organizations in this province / across the country able to implement decentralized programs?
- Do they monitor gender activities in territories and villages? Do they provide support?
- Are the staff of local organizations that are responsible for gender programming sufficiently qualified?
- What types of capacity development do you / they want (need)?
- What do you wish international organizations would do to assist you / them?

SGBV, counseling for survivors

- Are there programs for SGBV survivors in this area? Are they generally good?
- Are counselors able to provide appropriate support for men and women?
- Is the stigma of rape being reduced?
- Are men / community members more willing to welcome women back into their homes/communities after they have been attached than previously?

Security / disarmament

- Within security organizations, are there departments that focus specifically on women’s problems / issues?
- Do they address domestic violence as well as rape?
- Are they effective?
• What can be done to reinforce the connection between civil society and security organizations?

• What justifies the persistence of armed groups in this region?

• Are disarmament and reintegration programs effective? What should be done to improve them?

• What do you think are women’s and men’s greatest needs?

Part III:

• Overall, what do you conclude about projects or activities that try to help women and/or men? What should be changed to enhance good results?

• Are the goals realistic? Why (not)?

• Are the designs workable / feasible (for this regional culture, at this time)? Why (not)?

• What specifically should be changed in setting goals? in planning activities?

• What additional skills or support [in provincial government / your organizations] are necessary to achieve good results?

• What advice would you like to give to donors about how to improve their work?

LAST BUT NOT LEAST:

• If you were me, what other questions would you ask? What did I leave out?

• What else would you like to share with me?
APPENDIX D. LIST OF KEY INFORMANTS

KINSHASA City and Province

Mme Genevieve Inagosi Bulumbo Ibambi  Minister of Gender, Family, and Children (MGFE)
Princess Adele Kayinda Mahina  Head of Women’s Caucus, National Parliament
Ms Dalita  IRC

KATANGA Province – Lubumbashi

Mme Kabera  Head, Gender Division
Mme Bernadette Kapend Mwambu  Provincial President, COPRAFED
Mme Nsenga Mulimbi Annie  National President, MULIMA (NGO)
M. Jean Kalenga Kalala  Division of Human Rights, Ministry of the Interior
Mme Terese Ilonga  President, Maison BUMI (NGO)

Likasi

Mr. Paul Kasongo Bin Kaziba  Head of service, Gender division
Mme Dominique Munongo  Bourgoumestre, Commune Likasi
Mme Charlotte Muzungu  Technical Secretary, AFECOPAD (NGO)
Mme Emerence Madika  Enseignante a USTANI, AFMAC (NGO)

Kipushi

Activist  HIV/AIDS focused NGO at St. Joseph’s church
Deputy Director  District of Haut Katanga

BAS-CONGO Province – Matadi

Mme Mavungu Makura  Head, Gender Division
Mme Kandomba Mandiangu  Secretary General, Le Vain (NGO)
Mr. Piette Mulakukidi  Provincial President, FEC/Bas Congo
Mr. Pierre Muanda Mvumbi  Provincial Coordinator, Societe Civile
Dr. Oscar, M.I.P.  Inspector, Provincial Health Department
Mme Wivine Mude  Sous Proved, Administrator for Primary and Secondary schools (EPSP)
Mr. Jean-Marc Nzeyidio  Mayor of Matadi
Mbanza-Ngungu

Mlle Fedorat Nkubukulu  Assistant Faculty of Law, Univ. of Kongo
Mr. Flavvier Makiese Ndome,  Secretary General, Administration, Univ. of Kongo
Mme Ndome Meli Mamie  Secretary Genera, EADIF (NGO),
Mr. Michel Lema  Director General, SOBA Center
Mr. Pathy Samba  Advocate and human rights activist, SOBA Center
Mr. Fabrice Mbeko  Advocate and activist, SOBA Center
Mme Marie Claude Tuzolana  Director, CERISOF (NGO)
Mr. Tana Lufika (and two colleagues, one male, one female)  VIVR (NGO)
Mr. Jules Kilay  Territorial Administrator

BANDUNDU Province – Kikwit

Mr. Minango Idilo Idigwi  PROVED Education Division
Mme Kindundu Ngansima Chantal  Journalist, Radio TOMISA
Mr. Impiti Kayamba  Executive Secretary, CRONG
Mme Kiyoka Astrid  Traditional Chief, Land
Mme Kiyungu Yamba  Traditional Chief, Land
Mr. Kisambu Augustin  Pastoral extension worker, Sonas, Kikwit
Pastor Kiluyitu Kako Matugulu  Lukeni parish (Kimbanguist)
Professeur Charles Mowakwele Mangala  Director General, ISTM
Jean Jacques Masulama Kweug (sp?)  Secretary General, Academic Affairs, ISTM
Christophe Mathona Newiam  Adminstrateur du Buefet, ISTM
Buthe Kuma Nayiso  ISTM
Gapaulin Kinaw… (indecipherable)  ISTM
Leader  Mukreficki (Microfinance NGO)

NORTH KIVU Province – Goma

Hadji Lugaba  Permanent Vice President, COMICO
Haroun bin Morisho Biladi,  President, COMICO
Musa Fashion  COMICO
Mr. Karokoli Mihigo Elias  National Vice President, CALCC (NGO)
Mr. Nzitatira Mbeba Felicien
Coordination of Justice, Diocese of Goma

Me Mbomwa Biraheka Rachel
Psychosocial coordinator, NCA

Mme Namvula Wasso Valerie
Coordinator, Maison de Femmes (Women’s home)

Mme Asseta Ouedraogo
Gender Advisor, MONUSCO

Anne Marie Uboyo
Assistant gender officer, MONUSCO

Justine Masika Bihamva
Coordinatrice, Synergie de Femmes pour les Victimes de Violences Sexuelle (SFVS)

Denise Siwatula
SFVS

Hadidja Saidi Muranaisha
Unit head (Women), COPROFEM

Kavira Mwenye Annifa
Secretary, COPROFEM

Maria Makafu
counselor

Director of the Province
North Kivu

Ghislain Kakanda Abedi
Human resources and administration, Women for Women

Mme Hubuquette Kabana Mbombo
Sub office Manager, Women for Women

Mr. Emery Habamungu Mutunu
Life skills and sponsorship, Women for Women

Mme Sebangenzi Marie Terese
Head, Provincial Gender Division

Mme Immaculee Birhaika
President and coordinator, PAIF

Mme Jeanine Mukanikua
National vice president, PAIF

Mme Bernadette Muongo
Coordinator, PAFEVIC

Mrs. Desiree Lwambo (and deputy)
Heal Africa

Nicolas Coutin
IRC, Goma

MANIEMA Province – Kindu

Dr. Manga
Rector UNIKINDU

Honorable Bushiri Makula Masudi
Traditional Chief, Deputy, Provincial Assembly

Mr. Joseph Tsonmba Fariala
Minister of culture and youth

Mr. Sahimu Ngongo Leopold
Cabinet Director, Provincial Government

Mr. Kaseya Mayaliwa
Counselor for youth

Mr. Nupasa Kawasa
Provincial Coordinator, IFES

Mme Christine Makusudi
Joint Federal Secretary, UINC

Mme Kady Kasakarume
Executive Secretary, UWAKI (NGO)

ISDR (Kindu)
<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
</tr>
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<tbody>
<tr>
<td>Mr. Baruani-Saliboko Etienne</td>
<td>Secretary General Administration, ISDR</td>
</tr>
<tr>
<td>Kalonda Alumba Beat</td>
<td>Chef de Bureau charges des investigations provincial de mines, Maniema Dept of Mines</td>
</tr>
<tr>
<td>Siluazaya Bernadette</td>
<td>president, Assn of military wives:</td>
</tr>
<tr>
<td>Tshibumda Agnes</td>
<td>Conseilleur, Assn of military wives:</td>
</tr>
<tr>
<td>Appauline Bisabanto</td>
<td>Assistante a l’ISC, NAD Party</td>
</tr>
<tr>
<td>M. Joby Masimango</td>
<td>president Societe Civile Maniema</td>
</tr>
<tr>
<td>Minister of Education, Maniema</td>
<td>Co-founder of UMAMA (NGO)</td>
</tr>
<tr>
<td>Mme Kiuma Abeti</td>
<td>Outreach worker, Caritas development</td>
</tr>
<tr>
<td>Mme Selemani Yohali Justine</td>
<td>Outreach worker, justice and peace, Caritas Development</td>
</tr>
<tr>
<td>Me Amurani Yuma</td>
<td>Counselor, COMICO</td>
</tr>
<tr>
<td>Mr. Mulanba Pene Lowa Kilo</td>
<td>COMICO</td>
</tr>
<tr>
<td>Mr. Djuma Assani</td>
<td>Provincial Secretary, COMICO</td>
</tr>
<tr>
<td>Mr. Dauda Swaleh</td>
<td>Minister of health and gender</td>
</tr>
<tr>
<td>Mme Faray Atibu Annie</td>
<td>National president, COLFADHEMA</td>
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**Kalima**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
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<tbody>
<tr>
<td>Mme Jose Asima Shindano</td>
<td>Head, SOCODEV (Solidarite Communitaire pour les Development, NGO)</td>
</tr>
<tr>
<td>Mr. Kikobya Fataki</td>
<td>Mayor of Kalima</td>
</tr>
<tr>
<td>Mr. Kikuni Kandolo</td>
<td>Head of department, Maison de la Couture</td>
</tr>
<tr>
<td>Mr. Mulonga Mupenda Alain</td>
<td>Commandant Commissionaire, National Police</td>
</tr>
<tr>
<td>Mme Eugnie Bitondo</td>
<td>Activist for women's rights</td>
</tr>
<tr>
<td>Mr. Katumbi Dieudonne</td>
<td>Chief of nursing, General Hospital</td>
</tr>
</tbody>
</table>

**EQUATEUR Province – Mbandaka**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
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</thead>
<tbody>
<tr>
<td>Mme Kalambayi Musadi</td>
<td>Pharmacist, Depot ZENUF</td>
</tr>
<tr>
<td>Mr. Basendju Wotuna</td>
<td>Head of statistical service, EPSP Sous Division</td>
</tr>
<tr>
<td>Mr. Losange Iyama</td>
<td>Provincial President, CONSEL / Syndicate</td>
</tr>
<tr>
<td>Mr. Bokoko Kakamba Ado</td>
<td>Chief of Quarter of Mbandaka</td>
</tr>
<tr>
<td>Mme Moseka Ekula Marthes</td>
<td>Adjoint chief of quarter</td>
</tr>
<tr>
<td>Mr. Esalo Bernard</td>
<td>Notable and judge, Peace tribunal</td>
</tr>
<tr>
<td>Mme Bondoko Bote</td>
<td>Head, Gender Division</td>
</tr>
<tr>
<td>Name</td>
<td>Title/Position</td>
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<td>-------------------------------------------</td>
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</tr>
<tr>
<td>Me Atale Sakina</td>
<td>Advocate</td>
</tr>
<tr>
<td>Mme Odila Bofua Lotafe</td>
<td>President, CALFEQ (Collective des Femmes de l’Equateur)</td>
</tr>
<tr>
<td>Mr. Mwanolanka bo-Moluka Dieudonne</td>
<td>Secretary General Administration, ISP</td>
</tr>
<tr>
<td>Jose-Mbula Ngoli</td>
<td>Activist, FEC</td>
</tr>
<tr>
<td>Jean Pierre Kundo Mongo</td>
<td>Provincial Director, FEC/Equateur</td>
</tr>
<tr>
<td>Mr. Adrien Bolka Monzoï Wdinda</td>
<td>Director General, ISTM</td>
</tr>
</tbody>
</table>
**APPENDIX E. FOCUS GROUP PARTICIPANTS**

Table 1: Number of FGDs and KIIs

- Total Key Informant Interviews (KII): 84 with 100 people;
- Focus Groups (FG): 69 with about 650 people.

<table>
<thead>
<tr>
<th>Province</th>
<th>Capital</th>
<th>Other #1</th>
<th>Other #2</th>
<th>Other #3</th>
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<tbody>
<tr>
<td>Katanga</td>
<td>Lubumbashi</td>
<td>Likasi</td>
<td>Kipushi</td>
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<td></td>
<td>KII (6) FG (4)</td>
<td>KII (4) FG (2)</td>
<td>KII (2) FG (2)</td>
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<tr>
<td>Bas Congo</td>
<td>Matadi</td>
<td>Mbanza Ngungu</td>
<td>Boma</td>
<td>Tshiela</td>
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<td>KII (7) FG (5)</td>
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<td>FG (2)</td>
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<td>Bandundu</td>
<td>Bendele</td>
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<td>KII (6) FG (4)</td>
<td>KII (1) FG (6)</td>
<td>FG (2)</td>
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<td>Goma</td>
<td>Sake</td>
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<td>KII (16) FG (7)</td>
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<td>Malueka</td>
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<td>KII (2) FG (7)</td>
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<td>FG (1)</td>
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<td>Province</td>
<td>Location</td>
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<tr>
<td>Katanga</td>
<td>Lubumbashi (capital)</td>
<td>Nurses association, Teachers, Association of women vendors, Youth in vocational training, Local NGOs</td>
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<tr>
<td></td>
<td>Likasi (smaller city)</td>
<td>Young women survivors</td>
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<td>Kipushi (smaller town/village)</td>
<td>Men (artisanal miners), Women in agriculture, Youth (boys), Women around the mines</td>
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<td>Bandundu (capital)</td>
<td>Women in agriculture, Men in agriculture, Fishermen (boys/young men), Young women who sell fish, NGOs, Women in provincial government</td>
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<td>Bas Congo</td>
<td>Matadi (capital)</td>
<td>Women in administration, Men in administration, NGOs in Health (especially HIV/AIDS), NGOs working with women</td>
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<td>Tsheila (town)</td>
<td>Secondary students (boys and girls), Youth not in school (boys and girls), Women in agriculture, Men in agriculture</td>
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<td>Boma (port)</td>
<td>Youth at ports (informal work), Women traders</td>
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<td>Mbanzungungu (village)</td>
<td>Agriculture cooperative, University students (mixed)</td>
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<td>Province</td>
<td>City/Town</td>
<td>Groups</td>
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<td>Maniema</td>
<td>Kindu</td>
<td>Nurses, Teachers, Muslim men, Muslim women, Christian women, University students (mixed)</td>
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<td>Kailo (village)</td>
<td>Men/Girls</td>
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<td>Kalima (small town)</td>
<td>Women/Boys</td>
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<td>North Kivu</td>
<td>Goma (capital)</td>
<td>Women survivors, Psychosocial counselors, Women doctors, NGOs working in justice, Lawyers association (men), Youth – students (mixed)</td>
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<td>Sake (village)</td>
<td>Men/Girls</td>
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<td>Kibumba (village)</td>
<td>Women/Boys</td>
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<td>Equator</td>
<td>Mbandak (capital)</td>
<td>Fishermen, Women who trade fish, Boys, Girls</td>
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<td>Gemena (town)</td>
<td>NGOs (dominant industry), Demobilized men, Demobilized women</td>
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<td>Bwamanda (village)</td>
<td>Men, Women</td>
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<tr>
<td>Kinshasa</td>
<td>Kinshasa</td>
<td>Students: primary school, art school, teacher training institute, Nurses/Health workers/Doctors, Journalists, Women members of CAFCO</td>
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<td></td>
<td>Malueka</td>
<td>Youth (boys and girls)</td>
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<td>Plateau/Menkao</td>
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<td>Women vendors, Secondary school students, Community members, Interview with traditional chiefs</td>
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</table>
APPENDIX F. COMPARATIVE STATISTICS

Current Social and Economic Status

DRC received the lowest Human Development Index (HDI) rating in the world in 2011: 187 out of 187. The HDI Gender Inequality Index was almost the lowest, at 142 out of 146 ranked countries. These indices combine data on demography, education, health, the economy, water supply and sanitation, and the environment into a comprehensive evaluation of the lives of citizens in each country. Relevant data for DRC and the region from the UN, both the HDI and other organizations, the World Bank, MICS, and IFPRI etc. are reviewed below to contextualize the gender situation in the DRC.

TABLE 1: HDI Summary Chart (2011)

<table>
<thead>
<tr>
<th>Country</th>
<th>HDI Rank (of 187)</th>
<th>Life expectancy at birth</th>
<th>Mean years of schooling</th>
<th>Expected years of schooling</th>
<th>Gross National Income (GNI) per capita (constant 2005 PPP$)</th>
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</thead>
<tbody>
<tr>
<td>Angola</td>
<td>149</td>
<td>57.1</td>
<td>4.4</td>
<td>9.1</td>
<td>4.874</td>
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<tr>
<td>Burundi</td>
<td>185</td>
<td>50.4</td>
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<td>10.5</td>
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<td>Central African Republic</td>
<td>179</td>
<td>48.4</td>
<td>3.5</td>
<td>6.6</td>
<td>707</td>
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<td>Congo</td>
<td>137</td>
<td>57.4</td>
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<tr>
<td>DRC</td>
<td>187</td>
<td>48.4</td>
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<td>Kenya</td>
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<tr>
<td>Rwanda</td>
<td>166</td>
<td>55.4</td>
<td>3.3</td>
<td>11.1</td>
<td>1.133</td>
</tr>
<tr>
<td>Tanzania</td>
<td>152</td>
<td>58.2</td>
<td>5.1</td>
<td>9.1</td>
<td>1.328</td>
</tr>
<tr>
<td>Uganda</td>
<td>161</td>
<td>54.1</td>
<td>4.7</td>
<td>10.8</td>
<td>1.124</td>
</tr>
<tr>
<td>Zambia</td>
<td>164</td>
<td>49.0</td>
<td>6.5</td>
<td>7.9</td>
<td>1.254</td>
</tr>
</tbody>
</table>

Human Development Index (HDI): A composite index measuring average achievement in three basic dimensions of human development – a long and healthy life, knowledge, and a decent standard of living.

Life expectancy at birth: Number of years a newborn infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth stay the same throughout the infant’s life.

---

96 UNDP, Human Development Report 2011, Sustainability and Equity: A Better Future for All, tables 1, pp. 127-130, and 5, pp. 143-146. All reference in the paragraph except as noted.
**Mean years of schooling:** Average number of years of education received by people ages 25 and older, converted from education attainment levels using official durations of each level.

**Expected years of schooling:** Number of years of schooling that a child of school entrance age can expect to receive if prevailing patterns of age-specific enrolment rates persist throughout the child’s life.

**Gross national income (GNI) per capita:** Aggregate income of an economy generated by its production and ownership of factors of production, less the incomes paid for the use of factors of production owned by the rest of the world, converted to international dollars using purchasing power parity (PPP) rates, and divided by midyear population.

**Economy**

In the Human Development Report, the Gross National Income per capita (defined as the aggregate income of an economy generated by its production and its ownership of factors of production less the incomes paid for the use of factors of production owned by the rest of the world, divided by midyear population, in constant 2005 PPP$) was only 280 (or 18097). The mean years of schooling for those aged 25 and older throughout the country was 3.8 years, while new students could expect to attain an average of 8.2 years of education. 71.3% of citizens lived below the national poverty line, and 59.2% survived on less than 1.25 PPP$ per day. An additional 16.1% were vulnerable to poverty, and 46.5% lived in severe poverty. Multidimensional poverty, an HDI index that reflects access to clean water, improved sanitation, and modern fuel etc. affects 73.2% of its citizens, or 44.5 million people, with an intensity rating of 53.7%.98

---

98 UNDP, op. cit.
# TABLE 2: HDI Multidimensional Poverty Statistics

<table>
<thead>
<tr>
<th>Country</th>
<th>HDI Rank</th>
<th>Multidimensional Poverty Index Year Value</th>
<th>Population in Multidimensional Poverty Intensity %</th>
<th>Population Vulnerable to Poverty %</th>
<th>Population in Severe Poverty %</th>
<th>Share of Multidimensional Poor with Deprivations in Environment Services Clean Water %</th>
<th>Improved Sanitat. %</th>
<th>Modern Fuels %</th>
<th>Population Below Income Poverty Line PPP$ 1.25/day</th>
<th>National Pov. Line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>149</td>
<td>2009* 0.452</td>
<td>77.4 11,137 58.4</td>
<td>10.7 54.8</td>
<td>51.3</td>
<td>68.5 71.0</td>
<td>54.9</td>
<td>--</td>
<td>54.1 50.1</td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td>185</td>
<td>2005* 0.530</td>
<td>84.5 6,127 62.7</td>
<td>12.2 61.9</td>
<td>51.6</td>
<td>63.1 84.3</td>
<td>43.1 59.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central African Republic</td>
<td>179</td>
<td>2000* 0.512</td>
<td>86.4 3,189 59.3</td>
<td>11.8 55.4</td>
<td>53.6</td>
<td>53.3 86.1</td>
<td>62.8 62.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td>137</td>
<td>2009 0.208</td>
<td>40.6 1,600 51.2</td>
<td>17.7 22.9</td>
<td>17.2</td>
<td>38.9 35.9</td>
<td>54.1 50.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRC</td>
<td>187</td>
<td>2007 0.393</td>
<td>73.2 44.485 53.7</td>
<td>16.1 46.5</td>
<td>55.5</td>
<td>62.0 72.8</td>
<td>59.2 71.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>143</td>
<td>2009 0.229</td>
<td>47.8 18,863 48.0</td>
<td>27.4 19.9</td>
<td>30.9</td>
<td>42.6 47.6</td>
<td>19.7 45.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td>166</td>
<td>2005 0.426</td>
<td>80.2 7,380 53.2</td>
<td>14.9 50.6</td>
<td>63.5</td>
<td>65.7 80.2</td>
<td>76.8 58.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>152</td>
<td>2008 0.367</td>
<td>65.2 27,559 56.3</td>
<td>23.0 43.7</td>
<td>47.3</td>
<td>64.1 65.0</td>
<td>67.9 33.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>161</td>
<td>2006 0.369</td>
<td>72.3 21,235 50.7</td>
<td>19.4 39.7</td>
<td>60.3</td>
<td>69.1 72.3</td>
<td>28.7 24.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>164</td>
<td>2007 0.328</td>
<td>64.2 7,740 51.2</td>
<td>17.2 34.8</td>
<td>49.8</td>
<td>57.4 63.0</td>
<td>64.3 59.3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Data from MICS, all others form DHS
Multidimensional Poverty Index: Percentage of the population that is multidimensionally poor, adjusted by the intensity of the deprivations.

Multidimensional Poverty Headcount: Percentage of the population with a weighted deprivation score of at least 33%.

Intensity of Deprivation of Multidimensional Poverty: Average percentage of deprivation experienced by people in multidimensional poverty.

Population Vulnerable to Poverty: Percentage of the population at risk of suffering multiple deprivations – that is, those with a deprivation score of 20–33%.

Population in Severe Poverty: Percentage of the population in severe multidimensional poverty – that is, those with a deprivation score of 50% or more.

Share of Multidimensional Poor with Deprivations in Clean Water: Percentage of the multidimensionally poor population without access to clean water that is less than a 30 minute walk from home. Clean water is defined using the Millennium Development Goal definition and includes piped water into dwelling, plot or yard; public tap/standpipe/borehole/tube well; protected dug well; protected spring; rainwater collection; and bottled water (if a secondary available source is also improved). It does not include unprotected well, unprotected spring, water provided by carts with small tanks/drums, tanker truck-provided water and bottled water (if secondary source is not an improved source); or surface water taken directly from rivers, ponds, streams, lakes, dams or irrigation channels.

Share of Multidimensional Poor with Deprivations in Improved Sanitation: Percentage of the multidimensionally poor population without access to an improved sanitation facility. Improved sanitation facilities are defined using the Millennium Development Goal definition and include flush or pour-flush to piped sewer system or septic tank, ventilated improved pit latrine, pit latrine with slab and composting toilet. Facilities are not considered improved when they are shared with other households or open to the public.

Share of Multidimensional Poor with Deprivations in Modern Fuels: Percentage of the multidimensionally poor population without access to modern fuels. Households are considered deprived of modern fuels if they cook with wood, charcoal or dung.

Population Below PPP $1.25 a Day: Percentage of the population living below the international poverty line $1.25 (in purchasing power parity terms) a day.

Population Below National Poverty Line: Percentage of the population living below the national poverty line, which is the poverty line deemed appropriate for a country by its authorities. National estimates are based on population-weighted subgroup estimates from household surveys.

GDP per capita (PPP) in 2011 US dollars was $300, giving DRC a global rank of 226.99 Much economic activity takes place in the informal sector and is not reflected in this and other data, however. Income is very unequal: the poorest 10% of households earned 2.3%, and the best-off 10% earned 34.7% of the income in the country in 2006. Agriculture constitutes 37.5%, industry 27.6%, and services 35% of the GDP (or agriculture 42.9%, industry 24% including 5.5% manufacturing, and services 33%).100 Overall, the economy is

100 World Bank, op. cit.
slowly recovering after decades of decline, with growth averaging 7.2% in 2010 and 6.5% in 2011 due to recovery in mineral prices since mid-2009. High inflation dropped from 23.1% in 2010 to 17% (or 14.8%\textsuperscript{101}) in 2011. Commercial bank lending rates remained the highest in the world at 45% on December 31, 2011, which was nonetheless an improvement over the 56.8% one year earlier.

**Demography**

The population of the DRC is 67.8 million, with 50.3% women\textsuperscript{102} or a sex ratio of 98.9.\textsuperscript{103} 35.9% reside in urban areas.\textsuperscript{104} Life expectancy at birth is only 48.4 years\textsuperscript{105}, 47 for men and 51 for women\textsuperscript{106}. At 60 years of age, women live an average of 16 and men 15 more years. Life expectancy is similar to that of Zambia and the Central African Republic, and slightly lower than other countries in Central Africa, especially Kenya and Rwanda\textsuperscript{107} (see Appendix F for detailed data).

\textsuperscript{101} African Development Bank, op. cit.
\textsuperscript{103} UNDP Economic and Social Affairs, World Population Prospects, the 2010 Revision esa.un.org/undp/wpp/Excel-Data.population.htm.
\textsuperscript{105} UNDP, Human Development Report 2011, Sustainability and Equity: A Better Future for All, table 1, pp. 127-130.
\textsuperscript{106} UNDP ESA, op. cit.
\textsuperscript{107} UNDP ESA, op. cit.
### TABLE 3: Population of Countries in Central Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (000s)</th>
<th>Growth Rate (%/year)</th>
<th>Life Expectancy at Birth</th>
<th>Total Fertility Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>19082</td>
<td>2.921</td>
<td>52</td>
<td>5.4</td>
</tr>
<tr>
<td>Burundi</td>
<td>8383</td>
<td>2.9</td>
<td>50</td>
<td>4.3</td>
</tr>
<tr>
<td>Central African Rep.</td>
<td>4401</td>
<td>1.822</td>
<td>48</td>
<td>4.6</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>74043</td>
<td>2.695</td>
<td>55</td>
<td>4.5</td>
</tr>
<tr>
<td>DRCongo</td>
<td>65966</td>
<td>2.775</td>
<td>49</td>
<td>5.9</td>
</tr>
<tr>
<td>Kenya</td>
<td>40513</td>
<td>2.577</td>
<td>60</td>
<td>4.7</td>
</tr>
<tr>
<td>Rwanda</td>
<td>10624</td>
<td>2.874</td>
<td>59</td>
<td>5.4</td>
</tr>
<tr>
<td>Tanzania</td>
<td>44841</td>
<td>2.878</td>
<td>55</td>
<td>5.9</td>
</tr>
<tr>
<td>Uganda</td>
<td>33425</td>
<td>3.236</td>
<td>52</td>
<td>6.1</td>
</tr>
<tr>
<td>Zambia</td>
<td>13089</td>
<td>2.653</td>
<td>48</td>
<td>6.3</td>
</tr>
</tbody>
</table>

UN Dept of Economic and Social Affairs, World Population Prospects, the 2010 Revision esa.un.org/unpd/wpp/Excel-Data/population.htm

### TABLE 4: Life Expectancy Disaggregated by Sex and Age (>60) for 2010-2015

<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy at Birth</th>
<th>Life Expectancy at Age 60</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Angola</td>
<td>53</td>
<td>50</td>
</tr>
<tr>
<td>Burundi</td>
<td>53</td>
<td>50</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>51</td>
<td>48</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>59</td>
<td>57</td>
</tr>
<tr>
<td>DRCongo</td>
<td>51</td>
<td>47</td>
</tr>
<tr>
<td>Kenya</td>
<td>59</td>
<td>57</td>
</tr>
<tr>
<td>Rwanda</td>
<td>57</td>
<td>54</td>
</tr>
<tr>
<td>Tanzania</td>
<td>60</td>
<td>58</td>
</tr>
<tr>
<td>Uganda</td>
<td>55</td>
<td>54</td>
</tr>
<tr>
<td>Zambia</td>
<td>50</td>
<td>29</td>
</tr>
</tbody>
</table>
The median age is only 16.7 years, slightly higher than Uganda, similar to Angola and Zambia, and a bit lower than other regional countries. 33.37% of the population is under 15; 45.05% is between the ages of 15 and 49. Of people in the reproductive years, nearly half (44.88%) are between the ages of 15 and 24, and 61.16% between 15 and 29. Over one quarter (27.55%) of the total population is in the highest reproductive ages.

TABLE 5: Age Structure

<table>
<thead>
<tr>
<th>Ages</th>
<th>000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>11848</td>
</tr>
<tr>
<td>5-9</td>
<td>10098</td>
</tr>
<tr>
<td>10-14</td>
<td>8584</td>
</tr>
<tr>
<td>15-19</td>
<td>7293</td>
</tr>
<tr>
<td>20-24</td>
<td>6043</td>
</tr>
<tr>
<td>25-29</td>
<td>4837</td>
</tr>
<tr>
<td>30-34</td>
<td>3874</td>
</tr>
<tr>
<td>35-39</td>
<td>3125</td>
</tr>
<tr>
<td>40-44</td>
<td>2518</td>
</tr>
<tr>
<td>45-49</td>
<td>2026</td>
</tr>
<tr>
<td>50-54</td>
<td>1625</td>
</tr>
<tr>
<td>55-59</td>
<td>1301</td>
</tr>
<tr>
<td>60-64</td>
<td>1036</td>
</tr>
<tr>
<td>65-69</td>
<td>772</td>
</tr>
<tr>
<td>70-74</td>
<td>512</td>
</tr>
<tr>
<td>75-79</td>
<td>391</td>
</tr>
<tr>
<td>80+</td>
<td>183</td>
</tr>
<tr>
<td>80-84</td>
<td>131</td>
</tr>
</tbody>
</table>

esa.un.org/undp/wpp/Excel-Data/population.htm
<table>
<thead>
<tr>
<th>Country</th>
<th>Median Age</th>
<th>Sex Ratio (males : 100 females)</th>
<th>Child Dependency Ratio (0-14/15 - 64 x 100)</th>
<th>Total Dependency Ratio (Child + 65+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>16.6</td>
<td>98.1</td>
<td>91.4</td>
<td>96.3</td>
</tr>
<tr>
<td>Burundi</td>
<td>20.2</td>
<td>96.3</td>
<td>63.9</td>
<td>68.7</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>19.4</td>
<td>97.1</td>
<td>72.6</td>
<td>70.2</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>19.6</td>
<td>100.2</td>
<td>72.8</td>
<td>79.4</td>
</tr>
<tr>
<td>DR Congo</td>
<td>16.7</td>
<td>98.9</td>
<td>90.6</td>
<td>95.9</td>
</tr>
<tr>
<td>Kenya</td>
<td>18.5</td>
<td>99.8</td>
<td>77.3</td>
<td>82.2</td>
</tr>
<tr>
<td>Rwanda</td>
<td>18.7</td>
<td>96.4</td>
<td>78.0</td>
<td>82.8</td>
</tr>
<tr>
<td>Tanzania</td>
<td>17.5</td>
<td>99.8</td>
<td>85.7</td>
<td>91.8</td>
</tr>
<tr>
<td>Uganda</td>
<td>15.7</td>
<td>99.9</td>
<td>98.7</td>
<td>103.8</td>
</tr>
<tr>
<td>Zambia</td>
<td>16.7</td>
<td>100.5</td>
<td>91.7</td>
<td>97.7</td>
</tr>
<tr>
<td>(Western Europe)</td>
<td>42.1</td>
<td>24</td>
<td>51.7</td>
<td></td>
</tr>
<tr>
<td>(Canada)</td>
<td>39.9</td>
<td>23.6</td>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>

Girls can marry legally at 15 years of age – younger than all other countries in the region – and boys at 18. 24.6% of teen-aged girls (6.2% of boys) are married. The mean age of marriage for women is 21 (25 for men). Both Burundi and Rwanda have a later average marriage age, averaging 24 for women and 26 for men. Among women aged 20 to 49 in 2010, 45% had been married by age 18; this included close to 50% of women in the four poorest wealth quintiles, but only 29% of those in the top quintile. By age 19, 201.4 babies have been born to every 1,000 girls in DRC, which is markedly higher than its regional neighbors. The average predicted rate is 170.6 babies/1,000 girls from 2010 to 2015. Total fertility is 5.5 to 5.9, the same as Tanzania, lower than Uganda and Zambia, but higher than other regional countries. The country

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108 UNDP ESA, op. cit.
110 UNDP HDI, table 4, pp. 139-142.
111 UNDP ESA, op. cit.
112 UNDP HDI table 4.
113 UNDP ESA, op. cit.
is growing at an annual rate of 2.775%. This rate is close to that of all regional countries except Central African Republic, which is growing more slowly.114

**TABLE 7: Minimum Legal Age of Marriage**

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Source</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>2004</td>
<td>CEDAW 31</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Burundi</td>
<td>2008</td>
<td>CEDAW 40</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>2011</td>
<td>UNDP</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>2003</td>
<td>CEDAW 28</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>DR Congo</td>
<td>2006</td>
<td>CEDAW 36</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Kenya</td>
<td>2011</td>
<td>UNDP</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2011</td>
<td>UNDP</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2011</td>
<td>UNDP</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Uganda</td>
<td>2011</td>
<td>UNDP</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Zambia</td>
<td>2011</td>
<td>CEDAW 49</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

Table 3a_Dec 2011.xls unstats.un.org/unsd/demographic/products/indwm/default.htm

**TABLE 8: Rates of Marriage**

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Ever Married Age 15-19 (%)</th>
<th>Singulate Mean Age of Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Angola</td>
<td>1970</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Burundi</td>
<td>2002</td>
<td>7.1</td>
<td>1.7</td>
</tr>
<tr>
<td>Central African Republic *</td>
<td>1995</td>
<td>42.4</td>
<td>8.1</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>2005</td>
<td>19.9</td>
<td>2.8</td>
</tr>
<tr>
<td>DR Congo</td>
<td>2007</td>
<td>24.6</td>
<td>6.2</td>
</tr>
<tr>
<td>Kenya</td>
<td>2003</td>
<td>20.3</td>
<td>2.0</td>
</tr>
</tbody>
</table>

114 UNDP ESA, op. cit.
Contraceptive use is low, at 21% for any method and only 6% for modern methods. There is diversity in contraception among countries in the region, with over one third in Kenya and Rwanda using modern methods. The young age structure and early fertility lead to high child and total dependency ratios: there are over 90 children, and 95.9 children plus those 65 and older for every 100 adults between the ages of 15 and 64. Uganda has higher dependency ratios, Angola and Zambia are similar, but other regional countries have lower dependency rates.

TABLE 9: Adolescent and Total Fertility Rates 2010-2015

<table>
<thead>
<tr>
<th>Country</th>
<th>Adolescent Fertility Rate (15-19/1000)</th>
<th>TFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>148.1</td>
<td>5.14</td>
</tr>
<tr>
<td>Burundi</td>
<td>20.9</td>
<td>4.05</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>98.6</td>
<td>4.42</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>112.6</td>
<td>4.44</td>
</tr>
<tr>
<td>DRC</td>
<td>170.6</td>
<td>5.49</td>
</tr>
<tr>
<td>Kenya</td>
<td>98.1</td>
<td>4.63</td>
</tr>
<tr>
<td>Rwanda</td>
<td>35.5</td>
<td>5.28</td>
</tr>
<tr>
<td>Tanzania</td>
<td>128.7</td>
<td>5.50</td>
</tr>
<tr>
<td>Uganda</td>
<td>126.4</td>
<td>5.90</td>
</tr>
<tr>
<td>Zambia</td>
<td>138.5</td>
<td>6.30</td>
</tr>
</tbody>
</table>

Source: Burundi, National Statistics Office, all others, DHS, quoted in UN Statistics Division, Demographic Yearbook, Table 3b

* CAR not quoted in text due to the date of these data, which, however, suggest rising age of marriage in the region.

115 UNDP ESA, op. cit.


TABLE 10: Contraceptive Prevalence, Ages 15 to 49

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Any Method</th>
<th>Modern Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>2001</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Burundi</td>
<td>2005-6</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>2006</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>2005</td>
<td>44</td>
<td>13</td>
</tr>
<tr>
<td>DR Congo</td>
<td>2007</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Kenya</td>
<td>2008-9</td>
<td>46</td>
<td>39</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2007-8</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2010</td>
<td>34</td>
<td>2</td>
</tr>
<tr>
<td>Uganda</td>
<td>2006</td>
<td>24</td>
<td>18</td>
</tr>
<tr>
<td>Zambia</td>
<td>2007</td>
<td>41</td>
<td>27</td>
</tr>
</tbody>
</table>

UN ESA, Table 2d_Dec 2011.xls

DRC has one of the highest maternal mortality rates in the world. The EU reported an MMR of 1289/100,000, the highest in Africa, but other estimates range between 540 and 670. Almost a quarter of this mortality is due to pregnancy among those aged 15 to 19, by far the highest rate in the region. This is equivalent to a lifetime risk of maternal death of 30 per 100 women. HIV infection rates are reportedly low in DRC, with higher rates in the East (where soldiers from neighboring countries and international peace keepers have contributed to its spread) and higher among women who have been tested than men. In the region, the higher infection rates are in Kenya, Tanzania, Uganda and Zambia, and women consistently have approximately 60% of confirmed cases.

TABLE 11: Maternal Mortality

<table>
<thead>
<tr>
<th>Country</th>
<th>2010 Maternal Mortality Rate*/ % Among 15-19</th>
<th>2005 MMR / % Due to Pregnancy Among 15-19 Year</th>
<th>Lifetime Risk of Maternal Death per 100 Women</th>
<th>HIV Positive (%)</th>
</tr>
</thead>
</table>


117 WHO Global Health Observatory.

118 HDI and UN Economic and Social Affairs.


120 UNDP ESA, op. cit.
### Table 12: Maternal, Infant and Under-5 Mortality Rates

<table>
<thead>
<tr>
<th>Country (2008)</th>
<th>MMR</th>
<th>IMR</th>
<th>&lt;5 Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>610</td>
<td>96</td>
<td>156</td>
</tr>
<tr>
<td>Burundi</td>
<td>970</td>
<td>94</td>
<td>152</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>850</td>
<td>96</td>
<td>156</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>580</td>
<td>67</td>
<td>104</td>
</tr>
<tr>
<td>DR Congo</td>
<td>670</td>
<td>109</td>
<td>180</td>
</tr>
<tr>
<td>Kenya</td>
<td>530</td>
<td>58</td>
<td>89</td>
</tr>
<tr>
<td>Rwanda</td>
<td>540</td>
<td>93</td>
<td>114</td>
</tr>
<tr>
<td>Tanzania</td>
<td>790</td>
<td>54</td>
<td>81</td>
</tr>
<tr>
<td>Uganda</td>
<td>430</td>
<td>72</td>
<td>114</td>
</tr>
<tr>
<td>Zambia</td>
<td>470</td>
<td>81</td>
<td>130</td>
</tr>
</tbody>
</table>

TABLE 13: HIV/AIDS Infection Rates

<table>
<thead>
<tr>
<th>Country</th>
<th>Adults (15+) with HIV (000s)</th>
<th>Women's Share %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>180</td>
<td>61</td>
</tr>
<tr>
<td>Burundi</td>
<td>150</td>
<td>60</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>110</td>
<td>61</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>68</td>
<td>58</td>
</tr>
<tr>
<td>DR Congo</td>
<td>0.1% (380-490)</td>
<td>--</td>
</tr>
<tr>
<td>Kenya</td>
<td>1300</td>
<td>58</td>
</tr>
<tr>
<td>Rwanda</td>
<td>140</td>
<td>63</td>
</tr>
<tr>
<td>Tanzania</td>
<td>1200</td>
<td>61</td>
</tr>
<tr>
<td>Uganda</td>
<td>1000</td>
<td>61</td>
</tr>
<tr>
<td>Zambia</td>
<td>860</td>
<td>57</td>
</tr>
</tbody>
</table>

UN ESA, Table 2e_Dec 2011.xls

Infant mortality is also highest in DRC compared with other countries in the region. In 2008, IMR was 109, or 97 overall, with rates of 71 in cities and towns, and 105 in rural areas. Similarly, under-5 mortality was highest at 180, or 158 overall, with 174 in rural and 111 in urban areas.

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121 UNDP ESA, op. cit.
122 MICS, op. cit., p. 10.
123 UNDP ESA, op. cit.
124 MICS, op. cit., p. 10.
## Table 14: HDI Gender, Reproductive Health, Women in Parliament

<table>
<thead>
<tr>
<th>Country</th>
<th>HDI Rank (of 187)</th>
<th>Gender Inequality Index Rank (of 146)</th>
<th>% Women in National Parliament</th>
<th>MMR</th>
<th>Adolescent Fertility</th>
<th>Contraceptive Prevalence Any Method</th>
<th>Minimum 1 Antenatal Visit</th>
<th>% Birth with Skilled Health Worker</th>
<th>TFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>149</td>
<td>--</td>
<td>38.6</td>
<td>610</td>
<td>171.1</td>
<td>22.0</td>
<td>61.0</td>
<td>18.0</td>
<td>5.9</td>
</tr>
<tr>
<td>Burundi</td>
<td>185</td>
<td>89</td>
<td>36.1</td>
<td>970</td>
<td>18.6</td>
<td>9.0</td>
<td>92.0</td>
<td>34.0</td>
<td>4.1</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>179</td>
<td>138</td>
<td>9.6</td>
<td>850</td>
<td>106.6</td>
<td>19.0</td>
<td>69.0</td>
<td>44.0</td>
<td>4.4</td>
</tr>
<tr>
<td>Congo</td>
<td>137</td>
<td>132</td>
<td>9.2</td>
<td>580</td>
<td>48.7</td>
<td>44.0</td>
<td>86</td>
<td>83.0</td>
<td>4.4</td>
</tr>
<tr>
<td>DRC</td>
<td>187</td>
<td>142</td>
<td>9.4</td>
<td>670</td>
<td>201.4</td>
<td>21.0</td>
<td>85.0</td>
<td>74.0</td>
<td>5.5</td>
</tr>
<tr>
<td>Kenya</td>
<td>143</td>
<td>130</td>
<td>9.8</td>
<td>530</td>
<td>100.2</td>
<td>46.0</td>
<td>92</td>
<td>44.0</td>
<td>4.6</td>
</tr>
<tr>
<td>Rwanda</td>
<td>166</td>
<td>82</td>
<td>50.9</td>
<td>540</td>
<td>38.7</td>
<td>36.0</td>
<td>96.0</td>
<td>52.0</td>
<td>5.3</td>
</tr>
<tr>
<td>Tanzania</td>
<td>152</td>
<td>119</td>
<td>36.0</td>
<td>790</td>
<td>130.4</td>
<td>26.0</td>
<td>76.0</td>
<td>43.0</td>
<td>5.5</td>
</tr>
<tr>
<td>Uganda</td>
<td>161</td>
<td>116</td>
<td>37.2</td>
<td>430</td>
<td>149.9</td>
<td>24.0</td>
<td>94.0</td>
<td>42.0</td>
<td>5.9</td>
</tr>
<tr>
<td>Zambia</td>
<td>164</td>
<td>131</td>
<td>14.0</td>
<td>470</td>
<td>146.9</td>
<td>41.0</td>
<td>94.0</td>
<td>47.0</td>
<td>6.3</td>
</tr>
</tbody>
</table>
Gender Inequality Index: A composite measure reflecting inequality in achievements between women and men in three dimensions: reproductive health, empowerment and the labor market.

Maternal Mortality Ratio: Ratio of the number of maternal deaths to the number of live births in a given year, expressed per 100,000 live births.

Adolescent Fertility Rate: Number of births to women ages 15–19 per 1,000 women ages 15–19.

Seats in National Parliament: Proportion of seats held by women in a lower or single house or an upper house or senate, expressed as percentage of total seats.

Contraceptive Prevalence Rate, Any Method: Percentage of women of reproductive age (ages 15–49) who are using, or whose partners are using, any modern or traditional form of contraception. At least one antenatal visit: Percentage of women who used antenatal care provided by skilled health personnel for reasons related to pregnancy at least once during pregnancy, as a percentage of live births.

Births Attended by Skilled Health Personnel: Percentage of deliveries attended by personnel (including doctors, nurses and midwives and sometimes others) trained to give the necessary care, supervision and advice to women during pregnancy, labor and postpartum, conduct deliveries on their own, and care for newborns.

Total Fertility Rate: Number of children that would be born to each woman if she were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates.

Literacy and Education

In 2009, 67% of people over age 15 in DRC were literate (77% of men, 57% of women). Except for the Central African Republic, these rates are the lowest in Central Africa. Among youth aged 15 to 24, 65% were literate (69% of men, 62% of women). Central African Republic had the same overall rate, but the percentage of literate women was lower than in DRC. A significantly lower figure for women’s literacy between ages 15 and 24 – 51% – was reported by MICS. This study showed great disparity between wealth quintiles in women’s literacy, with the 28% literate in the poorest quintile, 33% in the second, 41% in the third, 56% in the fourth, and 89% in the highest quintile. The Human Development Report of 2011 noted a mean of 3.8 years of schooling throughout the country.

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125 UNDP ESA, op. cit.
126 UNDP ESA, op. cit.
127 UNDP, HDI, chart 1
## TABLE 15: Literacy and Education

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Literacy – Age 15+</th>
<th>Youth Literacy – Age 15-24</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>Men</td>
</tr>
<tr>
<td>Angola</td>
<td>2009</td>
<td>70</td>
<td>83</td>
</tr>
<tr>
<td>Burundi</td>
<td>2009</td>
<td>67</td>
<td>73</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>2009</td>
<td>55</td>
<td>69</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>2005</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>DR Congo</td>
<td>2009</td>
<td>67</td>
<td>77</td>
</tr>
<tr>
<td>Kenya</td>
<td>2009</td>
<td>89</td>
<td>91</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2009</td>
<td>71</td>
<td>75</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2009</td>
<td>73</td>
<td>79</td>
</tr>
<tr>
<td>Uganda</td>
<td>2006</td>
<td>71</td>
<td>81</td>
</tr>
<tr>
<td>Zambia</td>
<td>2009</td>
<td>71</td>
<td>81</td>
</tr>
</tbody>
</table>

UN ESA, table 4a

## TABLE 16: Female Teachers

<table>
<thead>
<tr>
<th>Country</th>
<th>Primary Education</th>
<th>Secondary Education</th>
<th>Tertiary Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
<td>%</td>
<td>Year</td>
</tr>
<tr>
<td>Angola</td>
<td>1988</td>
<td>24</td>
<td>2001</td>
</tr>
<tr>
<td>Burundi</td>
<td>2010</td>
<td>53</td>
<td>2010</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>2010</td>
<td>14</td>
<td>2010</td>
</tr>
<tr>
<td>Congo (Brazzaville)</td>
<td>2010</td>
<td>53</td>
<td>--</td>
</tr>
<tr>
<td>DR Congo</td>
<td>2008</td>
<td>26</td>
<td>2009</td>
</tr>
<tr>
<td>Kenya</td>
<td>2009</td>
<td>44</td>
<td>2008</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2010</td>
<td>53</td>
<td>2010</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2010</td>
<td>50</td>
<td>--</td>
</tr>
</tbody>
</table>
Only 75% of primary school-aged children and 32% of secondary school-aged children were attending school in 2010. The gender parity index dropped from 0.93 in primary grades to 0.81 in secondary years, showing that attendance rates were higher for boys, especially in secondary school.\textsuperscript{128} Among orphans who had lost both parents by ages 10 to 14, 63% attended school as compared with non-orphans of the same ages among whom 85% attended school.\textsuperscript{129} The gross enrolment ratio for tertiary education was 3% for girls and 9% for boys in 2009; girls constituted only a quarter of students in higher education.\textsuperscript{130} Women teachers were in a minority: only 26% of primary school teachers, 10% of secondary school teachers, and 6% of tertiary level teachers were female in 2010. Once again, these were the lowest in the region for which data are complete, except for Central African Republic and Angola for primary level, and Congo (Brazzaville) for tertiary level.\textsuperscript{131}

### Table 17: School Enrollment Ratios

<table>
<thead>
<tr>
<th>Country</th>
<th>Enrolment Rates (Primary Net ER, Secondary Net ER, Tertiary Gross ER)</th>
<th>Girls’ Share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year</td>
<td>Girls</td>
</tr>
<tr>
<td>Angola</td>
<td>1ry NER</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>2nd NER</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>3ry GER</td>
<td>2010</td>
</tr>
<tr>
<td>Burundi</td>
<td>1ry NER</td>
<td>2009</td>
</tr>
<tr>
<td></td>
<td>2nd NER</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>3ry GER</td>
<td>2010</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>1ry NER</td>
<td>2010</td>
</tr>
</tbody>
</table>

\textsuperscript{128} MICS, op. cit., p. 18.
\textsuperscript{129} MICS, p. 22.
\textsuperscript{130} UNDP ESA, op. cit..
\textsuperscript{131} UNDP ESA, op. cit.
<table>
<thead>
<tr>
<th>Country</th>
<th>1st NER</th>
<th>2nd NER</th>
<th>3rd NER</th>
<th>1st NER</th>
<th>2nd NER</th>
<th>3rd NER</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR Congo</td>
<td>1999 32 34 2009 46</td>
<td>2009 36 2009 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td>2009 83 82 2009 49</td>
<td>2009 52 2009 47</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td>2008 92 89 2010 51</td>
<td>2010 51 2010 51</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>2010 92 91 2010 50</td>
<td>2010 50 2010 50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Level</td>
<td>Year</td>
<td>Column 1</td>
<td>Column 2</td>
<td>Year</td>
<td>Column 3</td>
</tr>
<tr>
<td>----------</td>
<td>-------</td>
<td>------</td>
<td>----------</td>
<td>----------</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td>Uganda</td>
<td>1st</td>
<td>2010</td>
<td>92</td>
<td>90</td>
<td>2010</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td>2008</td>
<td>21</td>
<td>23</td>
<td>2010</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>3rd</td>
<td>2009</td>
<td>4</td>
<td>5</td>
<td>2009</td>
<td>44</td>
</tr>
<tr>
<td>Zambia</td>
<td>1st</td>
<td>2010</td>
<td>92</td>
<td>90</td>
<td>2010</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>2nd</td>
<td>2000</td>
<td>2</td>
<td>3</td>
<td>2000</td>
<td>32</td>
</tr>
</tbody>
</table>

UN ESA, table 4b, c, and d
Nutrition

DRC has the highest number of undernourished persons in Africa and the highest prevalence of malnutrition in the world. This alone explains why the rates of infant mortality and child stunting are among the highest in the world. According to IFPRI’s Global Health Index (GHI), DRC is the hungriest country in the world. Close to 75% of the population is undernourished. The Ministry of Health cited malnutrition as the underlying cause of 48 percent of infant mortality cases in 2005. Protein-calorie malnutrition led, in 2007, to stunting (low height for age) among 45.8 percent of children. 28.2 percent were underweight for their age, and 14 percent were wasted (underweight for height regardless of their age). In 2010, MICS reported slightly lower rates of 24% underweight (weight-for-age), 43% stunted (height-for-age) and 9% wasted (weight-for-height). Micronutrient deficiencies were widespread as well. 61.1 percent of preschool-age children had subclinical deficiency of vitamin A, and 70.6 of children under 5 plus 67.3 percent of pregnant women were anemic. Overall, deficiencies of riboflavin, iron, zinc, and vitamin B12 affected an averaged of over 80% of the population, and deficiencies of vitamin E and folate were close to 70%. Major food sources are cassava, bread, rice and palm oil. Since the 1960s, consumption of protein and total calories has decreased as household have switched to lower-cost foods. Price increases have cut consumption of milk, fish, chicken peanuts, beans and alcohol during this period. In late 2010, 37% of babies under 6 months were exclusively breastfed, 87% continued breastfeeding at one year, 53% at two years. 52% of children between 6 and 8 months had received solid, semi-solid or soft foods.

Health

In 2000, malaria was the cause of one fifth of deaths in children under 15. 51% of households had at least one insecticide treated mosquito net (ITN) in 2010. 38% of children under 5 and 42% of pregnant women slept under ITNs. Overall 39% of under-5 children who had fever had been treated for malaria – 49% in urban areas, 36% in rural areas. Respiratory infections caused nearly 20% of childhood deaths in 2000. In 2010, 42% overall, had received antibiotics for respiratory infections, 52% in urban and 39% in rural areas. Diarrheal diseases accounted for 17% of childhood deaths (under 15) in 2000. In 2010, 39% had received ORT for diarrhea, 37% in urban areas, and 40% in rural areas.

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132 IFPRI discussion paper 01154, Resource-Rich Yet Malnourished: Analysis of the Demand for Food Nutrients in the Democratic Republic of Congo. January 2012. All references in paragraph unless otherwise noted.
133 MICS, op.cit., p. 10.
134 IFPRI, op cit., p. 16.
136 WHO op. cit., p. 11.
139 WHO op. cit.
140 MICS, op. cit., p.13.
141 WHO op. cit.
Of children in their second year of life, 84% had received BCG immunization, 63% had been immunized against polio at birth and 58% by age 1, 61% had received the full set of DPT shots, and 49% had received all three hepatitis B injections, 67% had been vaccinated against measles, and 65% against yellow fever.\footnote{MICS, pop.cit., p. 12-14}

In 2008, the World Health Organization documented 614,400 deaths to children below the age of 15. The major causes of death were as follows:

- Malaria \hspace{1cm} 19.94%  
- (Lower) respiratory diseases \hspace{1cm} 19.47%  
- Perinatal problems \hspace{1cm} 17.76% \hspace{1cm} (of which 45.83% = premature or low birth weight, 30.25% = asphyxia or birth trauma, 23.92% = infection)  
- Diarrheal diseases \hspace{1cm} 17.07%  
- Non communicable Diseases \hspace{1cm} 4.43%  
- Injuries (accidents) \hspace{1cm} 3.45%  
- Childhood cluster \hspace{1cm} 2.67% \hspace{1cm} (especially pertussis)  
- Meningitis \hspace{1cm} 2.54%  
- Nutritional (protein calorie) \hspace{1cm} 1.95%  

Among those aged 15 to 59, major causes of death were:

- TB \hspace{1cm} 15.54%  
- Cardiovascular disease \hspace{1cm} 12.98%  
- Respiratory diseases \hspace{1cm} 5.83%  
- Tropical cluster \hspace{1cm} 4.00% \hspace{1cm} (especially trypanosomiasis)  
- Diarrheal diseases \hspace{1cm} 3.32%  
- Malignancies \hspace{1cm} 1.96%  
- Diabetes, Hepatitis, Cirrhosis, and STDs appeared in the list as well
Among those over 60 years of age, the major causes of death included injury, both intentional and accidental, (largely ischemic) cardiovascular disease, and malignancies.

**TABLE 18: Major Causes of Death by Sex and Age (000s)**

<table>
<thead>
<tr>
<th>Cause</th>
<th>0-14 Years</th>
<th>15-59 Years</th>
<th>60+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>All Causes</td>
<td>614.4</td>
<td>323.0</td>
<td>291.4</td>
</tr>
<tr>
<td>Communicable, Maternal, Perinatal, Nutritional</td>
<td>565.5</td>
<td>295.7</td>
<td>276.3</td>
</tr>
<tr>
<td>Infectious and Parasitic</td>
<td>324.0</td>
<td>168.2</td>
<td>155.8</td>
</tr>
<tr>
<td>TB</td>
<td>4.8</td>
<td>2.5</td>
<td>2.3</td>
</tr>
<tr>
<td>STDs</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>of which HIV (%)</td>
<td>23.2</td>
<td>10.2</td>
<td>13.0</td>
</tr>
<tr>
<td>Diarrheal Diseases</td>
<td>104.9</td>
<td>54.8</td>
<td>50.1</td>
</tr>
<tr>
<td>Childhood cluster (especially pertussis)</td>
<td>16.4</td>
<td>8.6</td>
<td>7.3</td>
</tr>
<tr>
<td>Meningitis</td>
<td>15.6</td>
<td>7.2</td>
<td>8.4</td>
</tr>
<tr>
<td>Malaria</td>
<td>122.5</td>
<td>62.7</td>
<td>59.8</td>
</tr>
<tr>
<td>Tropical cluster (esp. trypanosomiasis)</td>
<td>9.0</td>
<td>5.8</td>
<td>3.1</td>
</tr>
<tr>
<td>Respiratory Diseases (primarily lower)</td>
<td>119.6</td>
<td>61.3</td>
<td>58.3</td>
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<tr>
<td>Perinatal / MMR</td>
<td>109.1</td>
<td>59.7</td>
<td>49.4</td>
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<tr>
<td>Nutritional</td>
<td>13.0</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td>Protein-calorie</td>
<td>12.0</td>
<td>6.1</td>
<td>5.9</td>
</tr>
<tr>
<td>Anemia</td>
<td>0.9</td>
<td>0.3</td>
<td>0.5</td>
</tr>
<tr>
<td>Non Communicable</td>
<td>27.2</td>
<td>14.5</td>
<td>12.7</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>2.0</td>
<td>1.0</td>
<td>1.0</td>
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<tr>
<td>Neuropsychiatric</td>
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<td>1.2</td>
</tr>
<tr>
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<td>1.1</td>
<td>1.0</td>
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<tr>
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<td>1.0</td>
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<tr>
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<td>0.7</td>
<td>0.5</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Digestive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Congenital anomalies</td>
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<td>7.6</td>
<td>6.4</td>
</tr>
<tr>
<td>Injuries</td>
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<td>12.8</td>
<td>8.5</td>
</tr>
<tr>
<td>Unintentional</td>
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<td>7.3</td>
</tr>
<tr>
<td>Intentional - Violence</td>
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<td>1.9</td>
<td>1.3</td>
</tr>
<tr>
<td>War</td>
<td>1.7</td>
<td>1.0</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Morbidity and Burden of Disease Estimate for WHO Member States in 2008:
global_burden_diseases_death_estimates_sex_age_2008-1.xls