



CARE Rapid Gender Analysis

Democratic Republic of Congo (DRC) - Mudja, Munigi and Kanyaruchinya IDP camps in North Kivu province

March 2023



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Acknowledgements

This RGA benefited from the valuable contributions of CARE International colleagues, particularly Alice Bikuba, Michel Kamwanga, Crispin Bahati, Frederic Cyiza, Kadidia Sidibe and all field investigators. The technical support of Everjoy Mahuku, Victoria Nordli, Theophile Renard and Laura Tashjian was very valuable in finalizing this RGA.

The opinions expressed in this RGA are those of the author and do not necessarily reflect those of CARE or its programs, or the Congolese government/other partners.

Cover page photo: A displaced woman in Mudja camp, accompanied by two of her children, arrives at her tent (hut) with her emergency food ration kit. *ERF Renewed Conflict Project funded by CARE International and CARE USA-HSF.*

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Acronyms

CBO:	Community Based Organization
CSO:	Civil Society Organization
DRC:	Democratic Republic of Congo
F:	Female
FARDC:	Armed Forces of the Democratic Republic of Congo
FDLR:	Democratic Forces for the Libération of Rwanda
FG:	Focus Group
FGD:	Focus Group Discussion
GBV:	Gender-Based Violence
HIV:	Human Immunodeficiency Virus
HZ:	Health Zone
II:	Individual Interview
IDP:	Internal Displaced Persons
IOM:	International Organization for Migration
IPV:	Intimate Partner Violence
IRC:	International Rescue Committee
KII:	Key Informant Interview
M:	Male
MAM:	Moderate Acute Malnutrition
M23:	March 23 Movement
NGO:	Non-Governmental Organization
NRC:	Norwegian Refugee Council
PEP :	Post Exposure Prophylaxis
PSA :	Psychosocial Agent
PSEA:	Protection from Sexual Exploitation and Abuse
RECO:	Community Relays
RGA:	Rapid Gender Analysis
SADD:	Sex Age Disaggregated data
SRHR:	Sexual Reproductive Health Rights
USD:	United States Dollar
VSLA:	Village Saving and Loan Association
WASH:	Water, Sanitation and Hygiene
WHO:	World Health Organization
WGIP:	Working Group on Indigenous Peoples
WRO:	Women Rights Organization

Executive Summary

In the Democratic Republic of Congo (DRC), the province of North Kivu, has recently been affected by insecurity resulting from conflict between armed combatants (militia) and the government forces (FARDC). This has had a negative impact on the territories of Rutshuru, Nyiragongo and Masisi. The fighting which began in Rutshuru and Nyiragongo, spread to the eastern part of Masisi territory, depriving the rest of the adjacent area, including Goma, of a supply route. The National Road 2 connecting Goma to Rutshuru, is controlled by the combatants since the October-November 2022 offensives. By December 2022, at least 530,190 persons have been displaced¹ since the fighting began, including at least 318,114 women and girls. More than 88% of internally displaced persons (IDPs) live in collective centres (churches, schools, stadiums) and makeshift sites (camps), while the rest are hosted by host families. More than 137,000 IDPs were forced to return to their places of origin in Rutshuru and Rwanguba health zones when fighting intensified in October 2022. Population movements remain dynamic and evolve according to the security context. To have a response that considers the different needs, capacities and coping strategies of women, girls, boys, and men affected by displacement, CARE International in DRC conducted a Rapid Gender Analysis (RGA) in the displacement camps of Nyiragongo Health Zone, Kanyaruchinya, Munigi and Mudja camps from December 2022 to January 2023. Focus group discussions, Individual and Key Informant Interviews were held with the affected population.

Key Findings:

The on-going crisis has had an adverse effect on the people of DRC especially displaced households. Below are some of the key findings of the Rapid Gender Analysis conducted by CARE.

Gender Roles and responsibilities: Women constitute 60% of the IDP populations and are often heads of household because of family separations. Women's roles are expanding as women take up some of the work traditionally performed by men, provision for the family, elders as well as providing for the family. Women and girls are at protection risk when they travel outside in search of food and firewood.

Food insecurity: IDPs are facing higher levels of food insecurity. Some of the households facing severe food shortages were forced to adopt negative coping mechanism, including survival sex and begging. Additionally, distributions of food are not fully meeting the needs of the households leading them to sell their portions in exchange for more needed supplies.

Participation in decision making: There is limited meaningful participation of IDP women in both household and community level decision making. Some of the positions of camp leaders are held by host families, mostly, men who are biased in beneficiary registration, leaving out vulnerable households. At household level, men control the financial resources and assets, even when the external funding is directed to wife.

Shelter: Displaced families are either staying with host families or in camps. Those who are staying in camps are accommodated in classrooms, churches, and sheds. As a result, women

¹ <https://dtm.iom.int/reports/rdc-nord-kivu-suivi-des-urgences-109-25-au-27-janvier-2023>

and adolescent girls do not have privacy and are at increased risk of gender-based violence (GBV).

Health: There is limited access to clean water, hygiene and sanitation facilities exposing IDPs to waterborne disease. According to information published on Radio Okapi in December 2022, more than 1,000 cases of cholera were reported in one week in the Kanyaruchinya camp in North Kivu, among whom 7 people have already died.² Those most affected are women and children. Pregnant women experience limited access to some prenatal health care service, like ultrasound risks of malnutrition and maternal and child mortality. More than 145 cases of severe acute malnutrition among children were identified and referred to health centers for treatment³. Sexual Reproductive Health Right (SRHR) services for women and adolescent girls are limited and barriers to access including distance and limited specialised services. Furthermore. Women and girls require permission from the male head of household to travel outside to access facilities, as well as require male accompaniment.

GBV and Protection: An increase in GBV and Protection incidents has been reported, this combined with a culture of impunity further limits the safe movement of women. Alice Wairimu Nderitu, the UN Special Advisor on the prevention of Genocide, has expressed concern over the indiscriminate attack on civilians as well as sexual violence perpetrated against women by the armed groups⁴. Women and adolescent groups are particularly at risk of sexual harassment and abuse within the camps and when they go outside the settlements to look for food and firewood.

Recommendations (refer to the full report for the full list)

1. To the Government

- To ensure that the camps are adapted to the needs of the displaced population, ensuring that shelter and WASH facilities are adapted and ready for the influx and markets are accessible. Preparedness plans should be based on a solid risk and gender analysis in the given context and updated regularly.
- Support humanitarian coordination through the Liaison Committee in strengthening prevention, advocacy against sexual and gender-based violence, humanitarian principles, human rights, International Humanitarian Law, and PHSEA with respect to men in uniform, combatants, and other stakeholders,

2. To the humanitarian coordination and humanitarian agencies

- To strengthen the interagency complaints feedback mechanisms, and accountability systems and ensure that an open line in communication is maintained between affected population and humanitarian agencies.
- Strengthen the work and collaboration with local organizations, including women in community-based organizations during response, to increase their participation.
- Integrate GBV risk mitigation actions into all sector programs, e.g., consult with women and girls on their needs and risks, include female staff, identify the time and place of services and assistance based on women's and men's daily activities.

² <https://news.un.org/fr/story/2022/12/1130872>

³ https://careinternational-my.sharepoint.com/:w/g/personal/laura_tashjian_care_org/EVZgTdoWulxPlwTt1jvax8BZpzdy_rRytQtEAd2dVZpXg?e=iE7XB4&CID=070B5D57-7B2B-4768-9AD8-8C974549E4E6

⁴ UN Office on Genocide Prevention and the Responsibility to protect, 24 January 2023, Statement by the UN Special Adviser on the Prevention of Genocide on the discovery of mass graves in Ituri in the DRC

- Ensure that gender is integrated in joint needs assessment and sectoral assessments, so that differential needs are captured, and data is disaggregated by sex and age (SADD).
- Strengthen the provision of GBV services, inclusive of psycho-social support for affected communities
- In collaboration with the displaced population, increase the number of community protection committees, ensuring gender parity in these committees.

3. To the Civil Society

- Advocate for the respect for humanitarian principles, as well as having perpetrators of violence held accountable,
- Advocate for the inclusion of women and vulnerable groups in peacebuilding and conflict resolution structures at the community level (community leader spaces that are safe, led by respected community leaders)
- Advocate for the inclusion of Women Rights Organizations (WRO) in the peace negotiation process to ensure that women's voices inform, and women contribute to the conflict resolution, and marginalized groups benefit from the process.
- Work with women's groups such as VSLAs, religious groups and to ensure that their voices are elevated, and their needs considered in the response.

Introduction

The DRC has experienced several waves of armed conflict since the beginning of the nineteen nineties. More than 140 armed groups are active in eastern DRC, including the March 23 Movement (M23). After being dormant for the past 10 years, the M23 resumed fighting in North Kivu province in late 2021. During 2022, there were several waves of fighting between the M23 and the Congolese Armed Forces (FARDC),⁵ as the M23 gained ground in the province, specifically in Rutshuru territory causing large-scale displacement. Population movements remain dynamic and evolve according to the security context. Despite all groups being displaced, women, girls and children are overwhelmingly more affected than men. The M23's most recent offensive began on October 20, 2022, with the group pushing south. On 29 October 2022, the situation intensified with the total occupation of strategic locations in Rutshuru territory, including the city of Rutshuru, Rubare and Kiwanja as well as the localities of Kinyandonyi, Kalengera, Biruma, and the military camp of Rumangabo and the Rugari group. The City of Goma is considered one of the safer areas because of the presence of the security forces and yet it is located at about 70 kilometers away from the most affected areas. However, the attacks by armed groups can get as close as to 20-10 km to Goma. As a result, access roads between Goma, the city of North Kivu province and the Rumangabo military camp have been affected. The province of North Kivu is one of the 26 provinces⁶. The Pygmies, the Bantu and the Nilotic constitute its population. It is bordered by Ituri Province to the North, Tshopo and Maniema provinces to the west, and South Kivu to the south. To the east, it is bordered by Uganda and Rwanda.⁷ At least 600,000, including at least 360,000 women and girls, people have been displaced since fighting between the Congolese army and the M23 broke out in Rutshuru territory

⁵ <https://reliefweb.int/report/democratic-republic-congo/rwanda-and-drc-risk-war-new-m23-rebellion-emerges-explainer>

⁶ Source: Provincial Interior Division Annual Report, 2014.

⁷ <https://fr.wikipedia.org/wiki/Nord-Kivu>

in March 2023; more than 7,000 people have sought refuge in Uganda. Most of these displaced people are in Nyiragongo territory, of whom more than 88% live in collective centres (churches, schools, stadiums) and makeshift sites, while the rest are staying with host families. More than 137,000, including at least 82, 200 women and girls, displaced people were forced to return to their places of origin in Rutshuru and Rwanguba health zones by the government when fighting intensified in October.

Gender-based violence continues to be a critical and heightened concern for IDPs, especially women and adolescent girls. Women and adolescent girls are usually assaulted when they move outside the camp in search of food and firewood. Many cases remain unreported for fear of retribution and discrimination, a culture of impunity and/or lack of information on available services.

The objectives of the Rapid Gender Analysis

This Rapid Gender Analysis (RGA) aims to understand the impact of the crisis on gender relations, GBV, Protection from sexual exploitation and abuse and harassment (PSEA), and social norms. More specifically, the RGA sought to:

- Identify the specific needs, capacities and coping strategies of women, men, boys, and girls in the aftermath of this humanitarian crisis from a gender equality, women's rights and women's empowerment perspective, in line with the principle of do no harm.
- Identify risks to the implementation of the response in relation to gender and sexual exploitation and abuse in IDP camps, i.e., actors that may influence the ability of women, girls, and other marginalized groups to benefit from humanitarian programme activities.
- Propose clear and practical recommendations for humanitarian response activities that meet the needs of women, girls, men and boys to cope with the impacts of the crisis through a 'do no harm' lens.

Methodology

This RGA provides information on the different needs, capacities and coping strategies of women, men, boys, and girls in a crisis using a range of primary and secondary data to understand gender roles and relationships and how they may change during the crisis. It uses the tools and approaches of the Gender Analysis Framework ⁸ and adapts to the short time frames, rapidly changing contexts, and precarious environments that often characterize humanitarian responses. To achieve this, a qualitative methodology including, key informant interviews (17) and individual stories (18) and 10 Focus Group Discussions (FGDs) of 88 people were conducted with community members in 2 Mudja IDP sites and the Kanyaruchinya IDP camp with more than 4 sub-sites. A total of 123 people (M:49; F:74) participated in this study. The high number of women among the participants is justified by the fact that we included among the FG participants the displaced members of CARE's VSLA, which are mainly composed of women. Women and girls are the most numerous among those affected by population movement and are significantly more present in households than men/boys.

Target	Number	Number of participants
FGD		
Young girls 18-24 years old	2	24

⁸ CARE International gender policy, 2009

Young Boys 18-24 years old	2	16
Women aged 25-59	2	16
Men aged 25-59	2	16
Displaced women and members of the VSLA	2	16
S/Total	10	88
KII		
Community leaders, Influential and representative of local NGOs (Women)	3	3
Community leaders, Influential and representative of local NGOs (Men)	3	3
Religious leaders (Men)	2	2
Community members (Women)	3	3
Community members (Men)	6	6
S/Total	17	17
Individual stories		
Women	12	12
Men	6	6
S/Total	18	18
Total	45	123

Limitations

The conflict in the eastern areas of the country is rapidly evolving, and this affects the data and information collected. Due to the volatile security context, the RGA was limited in the geographic scope for data collection and could not access highly volatile areas and the rapid nature of this exercise made it not possible to survey multiple diversity and vulnerability groups, such as widows, people with disabilities or service providers. due to safety and do no harm concerns.

Demographic profile

As of 2023, the DRC has an estimated population of 102.3 million people⁹, and about 47% of those are under 14 years old. Of the adult population, it is estimated that 50.4% are female and 49.6% are male.¹⁰ The average household has 5 to 6 children leading to an increased population rate of over 3% per year.¹¹ An estimated 25% of the households are headed by women¹², a situation that is likely to have been exacerbated in the conflict area with killings of men. Women of childbearing age account for 21%. 22% of women in DRC are in polygamous union.¹³

The IOM Data collected on Displacement shows that, of the 530,190 displaced individuals, 58% are women (318,813), 42% men (211,876), 16% children < 5 years (85,414) representing a total of 105,863 displaced households. Christianity (Catholic and Protestants) is the main religion. Muslims and revival churches are very poorly represented and have only been encountered in one displacement site of Kanyaruchinya.

⁹ <https://www.unfpa.org/data/world-population/CD>

¹⁰ <https://datareportal.com/reports/digital-2023-democratic-republic-of-the-congo#:~:text=The%20DRC's%20total%20population%20was,of%20the%20population%20is%20male.>

¹¹ <https://www.unfpa.org/data/CD>

¹² DRC Demographic and Health Survey 2013-2014

¹³ DRC Demographic and Health Survey, 2013 - 2014

Findings and Analysis

This section outlines the findings from the RGA related to how the crisis has either reinforced pre-existing gender roles or challenged them, including an examination of decision-making at the household level, participation in decision-making, and access to and control over resources. This RGA also explores key issues around access to services and safety and protection risks that have been heightened due to the crisis.

Which groups are most vulnerable in the crisis?

Poverty affects households differently depending on whether they are headed by a man or a woman. In DRC, female-headed households are more negatively affected by this crisis compared to male-headed households due to cultural and political barriers to participation and access as well as increased safety and protection risks faced by women. **As the conflict intensifies, the number of female-headed households are increasing as well as child-headed households,**¹⁴

exacerbating the level of vulnerability of people in the areas targeted by this rapid gender analysis. **Respondents also cited that displaced women and children are among the most vulnerable groups due to the compounding safety and protection risks that they face.** According to the IDPs who participated in this RGA, most of them had to travel on foot to reach safer zones exposing them¹⁵. Within those groups, **pregnant women were particularly identified by focus group participants as experiencing heightened insecurity and fears due to limited access to life saving prenatal health care facilities and/or services** Lastly, **respondents expressed concerns for the vulnerabilities of elderly and persons with disabilities due to limited mobility and significant dependency on social networks for care.** Reports indicated that they were often left behind in the villages because of the difficulties related to their movement.

Gender Roles and Responsibilities

Displacement has both reinforced traditional gender roles and challenged them as more women, who constitute the majority of IDPs, have been separated from their families and/or husbands. Traditionally, women are responsible for household chores (such as food preparation, childcare, hygiene, laundry, field work, collecting water and managing the overall daily life of the home). As a result of displacement in DRC, women and girls are assuming some of the roles more traditionally assigned to males. For example, before the crisis, men were responsible managing the health, education and providing food and financial resources for the family. These are all responsibilities that female heads of households are adopting. However, consistent with traditional expectations, women are additionally responsible for the caretaking of children and elderly and still maintaining the household sphere (even when displaced).

These additional responsibilities and expanded roles, according to women respondents, are not necessarily desired or seen as positive as women expressed a preference to share duties and be reunited with their husband. When a male is present, all women respondents unanimously agreed that decisions within the household are best made by the head of the household, which is typically the male/husband. For female-headed households, women became responsible as main

¹⁴ Data from needs assessments conducted by coordination mechanisms December 2022.

¹⁵ <https://www.rescue.org/press-release/humanitarian-needs-soar-drc-rebel-groups-continue-displace-thousands-warns-irc>

breadwinners and decision-makers in situations where an alternative male (such as her father) is not present; however, this is seen as a challenging and burdensome fate. According to the women respondents, men of the household are taking advantage of the situation and using this as a basis to not support the family or extended family financially.

All respondents of the RGA confirmed that men were seen as the main decision makers at household level. Although legislation is present that enables greater voice and improved rights for women and children within the household,¹⁶ the dominant status of men in the household is reinforced by customary practice and tradition. These legal measures are not normalized into practice prior to the recent outbreak of conflict and further overlooked in the current context in favor of the long-standing traditional norms. Within the sphere of decision-making this RGA more specifically explored the following four spheres:

1) Control over Displacement Decisions
Men are responsible for deciding issues around when and where to leave their homes for camps or host communities. Typically, men are the first to independently leave and can choose a different destination from that of the women. When they arrive at their new site, they can either call or send a message instructing their wives to leave the village to follow them or travel to a different village. Host sites are always chosen by men based on their social ties to host communities and perceived safety. Women decide what essential household items to carry within them on foot (such as clothes and food).

Men and women usually move together when the decision to leave the village is made by the man or village chief. Young boys and girls take on more responsibility to caretake for children under ten years old until they arrive to their new destination. Sometimes young boys or adult men will decide to carry the elderly or sick on their backs to their destination or sometimes abandon them halfway.

2) Control over activities (including livelihood decisions)
Female respondents expressed that married women who want to participate in community activities, or travel outside the community must have her husband's permission. The husband or father have the last word on the movement and participation of his wife or daughter, including in community activities. If a woman fails to consult their husbands, she may be at risk of physical violence or divorce, which would lead to greater vulnerability and compromise in terms of safety.

As displaced communities adapt to new realities, including the decline of traditional livelihoods, there is an emergence and growing dependence on female labour. Expanded livelihood opportunities for women include learning new trades, making embers based on dust collected in the market, engaging in small trade and providing domestic work in the households of the host community. Decision making on the extent of women's participation in these new opportunities is led by the husband, if present.

¹⁶ Law No. 87-010 of 1 August 1987 on the Family Code stipulating through the main innovations introduced by this law consist of: (1). the abolition of marital authorization for married women and the obligation of spouses to agree on all legal acts in which they bind themselves, individually or collectively; (2). the requirement of mutual respect and consideration of the spouses in their relations, without prejudice to their other respective obligations in the management of the household; (3). the affirmation of the principle of concerted participation and management of the household by the spouses, particularly regarding their property and expenses; (4). the abolition of the automatic emancipation of the minor by the effect of marriage, without prejudice to the judicial emancipation of the minor, at the reasoned request of the parents or, failing to that, of the guardian; (5). the reaffirmation of the exclusive jurisdiction of the juvenile court in all acts involving the status and capacity of the minor; (6). the strengthening of provisions to ensure the protection of the rights of the Congolese child against all kinds of abuses in relation to intercountry adoption.

Meanwhile, men unilaterally decide their own livelihood pursuits. They rely heavily on making charcoal from wood from the park and occasionally support humanitarian efforts related to setting up distribution sites and helping women to make their uniform tent/hut. Male respondents expressed that they often spend their days on the streets in the surrounding neighbourhoods looking for work, along with the young boys in the community. Focus group discussions with women confirmed that they are more able to sustain the family and provide food than their husbands, and this had a positive outcome of building greater connection and collaboration between them compared to pre-displacement. The income gathered by both husband and wife are used to cover household expenses that is typically governed by the head of the household.

"Our husbands no longer have the financial means to feed us. In the village, we are sent with part of the harvest to sell at the market so my husband can provide for the family." -- Female FGD

3) Control over Financial Resources and Assets

All respondents expressed that men have more responsibility over the financial management of the household, except in female-headed households (i.e. widowed or divorced households). However, as men are less able to provide for the family, financially, they then have become managers of how incoming resources (i.e. from humanitarian aid) are used and distributed.

Prior to displacement, women in many households used to have small gardens that they managed independently and shared the harvest with the household. Any income that would be generated through their small garden, business or any other income generating activity would be used to cover her personal needs, social obligations and support the children. However, with displacement, all of income is pooled and used to support household expenses (especially as men are less able to financially support the family). In the case of polygamous households prior to the displacement, each wife would be able to individually control their own income, assets and non-food items and there would be no expectation of transparency or revenue pooling. However, the head of the family would retain control of the income from the sale of food that belongs to him.

4) Control over Use of Humanitarian Aid

According to the information collected from female FGDs, food distributed by humanitarian organizations often do not reach its intended destination when handed over to men. During distribution, the men typically manage the distribution unilaterally and decide what will be sold to cover household needs that were not provided for (like charcoal for cooking) and how much of the food sources will be consumed.

Any external resources or cash transfers from NGOs coming into the household, even if it is in the name of the woman, will be managed by the husband or corresponding male of the household (even in polygamous households). The wife must consult her husband for any use of the cash distributed in her own name. Male respondents noted that they often consult their wives around use of resources, but ultimately make the final decision. This can often be a source of conflict between husband and wife or between co-wives leading to an increased risk of GBV within the household. Given traditional norms, displaced women expressed feeling cut off from social networks that would enable them to meet their personal needs. For example, most of the displaced women/girls who used to benefit from capacity building programs, as well as members of VSLAs, reported no longer have access to those opportunities.

Access to Services and Resources

Water

Although most participants report improved access to water compared to the situation in their home areas, it is observed that some sites do not have full WASH coverage and some households do not have safe pathways for fetching water. Due to the limited water and sanitation infrastructure, FGDs participants mentioned risks related to the safety of women and girls who often travel long distances, crossing bushes in search of water, or when they go to relieve themselves. Practices around open defecation present significant safety and protection concerns for women and girls. For sites with improved water coverage, women respondents shared that men or young boys are given priority when they come to fetch water. This means that priority is given to a man or boy even if he arrives at the water point after 10 women or girls. A woman or girl may spend more than an hour waiting at the water point when there are more men. She is obliged to wait until all the men, even those who arrived after her, have finished fetching water before doing so. This situation makes women and girls more vulnerable who, beyond water collection, have other household tasks for which they are responsible for. Access to water in areas closer to armed groups also expose women to threats of sexual harassment and abuse.

The limitations around safe water and sanitation facilities exacerbates the level of exposure of men, women, boys, and girls have to water-born epidemics and diseases, including cholera, in the Nyiragongo HZ. This explains the increase in cholera cases in this area, where most IDPs are concentrated. Indeed, according to information published on Radio Okapi in December 2022, more than 1,000 cases of cholera were reported in one week in the Kanyaruchinya camp in North Kivu, among whom 7 people have already died.¹⁷.

Food

Access to food remains very difficult for all IDPs, especially pregnant and lactating women and children. According to the FGD results, there are some sites whose populations have never received food aid since their arrival. 26.4 million Congolese (26% of the total analyzed population) are projected to face severe acute food insecurity (IPC Phase 3+) between January to June 2023.¹⁸ This increases the number of cases of malnutrition among pregnant women and children compared to the situation before the crisis. Indeed, according to the analysis of the humanitarian situation report in Nyirangongo, out of 24,427 children under the age of five screened, 221 suffered from severe acute malnutrition (SAM). This number of severe acute malnutrition cases has increased by 65.6% compared to the situation in November 2023, when 145 cases were identified and referred to health centers for treatment¹⁹. 43 severe cases were identified among the 2,785 pregnant and lactating women screened at these sites. The lack of access to food sources has led to harmful coping strategies such as taking far trips in search of food increasing safety and protection risks, begging in the city of Goma and engaging in survival sex practices (including women and girls).

¹⁷ <https://news.un.org/fr/story/2022/12/1130872>

¹⁸ [Integrated Food Security Phase Classification \(IPC\), DRC Country Analysis report released on 18th October 2022.](#)

¹⁹ https://careinternational-my.sharepoint.com/:w/g/personal/laura_tashjian_care_org/EVZgTdoWulxPlvwTt1jvax8BZpzdy_rRytQtEAd2dVZpXg?e=iE7XB4&CID=070B5D57-7B2B-4768-9AD8-8C974549E4E6

Shelter	Extreme resources limitations have led households to make trade-offs around essential needs, specifically opting for basic food sources over improved shelter conditions. Some households have benefited from tarpaulins to build huts whose capacity is not sufficient to accommodate all members of households generally equal in size 6 children composed of girls and boys. Other households that did not have access to tarpaulins still live in sheds, classrooms and churches. During a FGD, a pregnant woman in Mudja camp narrates: “Life is difficult here in the camp, it is not easy to get food here and I sleep on the floor without any mattress. I have not yet received a plastic bag (tarpaulin) to cover myself properly when it rains. If I had the money, I would have even bought a tarpaulin to cover myself, but when I am given 1000 Congolese Francs (0.45 USD) for example, I find it better to buy sweet potatoes so that I don't starve. I am pregnant, and I need to eat to have strength.” Furthermore, lack of family shelters adversely affects marital relationships leading to an increase in IPV as well as risk of GBV by family members
Healthcare	Four mobile clinics have been set up in Kanyaruchinya, Bujari, Mujoga and Munigi by WHO since November 2022 to relieve congestion in the health centers in the Nyiragongo HZ, which receive an average of 400 consultations per day. This intervention is intended to cover the primary health care needs of displaced persons and members of host communities in these areas. The establishment of the mobile clinics was followed by capacity building for 118 health providers in surveillance, infection prevention and control, and protection from sexual exploitation and abuse. Despite these efforts, it appears that coverage is still not complete in some sites. According to respondents, women (especially pregnant and lactating) and other vulnerable groups such as adolescents, elderly, people living with disability or those living with HIV continue to experience barriers to access, and even if they manage to reach a facility, their needs are not able to be met in accordance with their condition. According to FGDs with women, SRHR needs, transportation and hours of clinic services present key challenges for care. For example, women respondents shared that decisions to access health services, especially for SRH needs, require the validation of parents for adolescents and approval of the husband/father for adult women. In some cases, decisions are taken jointly by the husband and wife but it should be noted that the husband's decision takes precedence over that of the wife. Also, they would often need to be accompanied to the facility by a male given the safety and protection risks of traveling unaccompanied. This leads to adverse health seeking behaviours by women and adolescents. Additionally, the lack of medication and expertise to treat ailments commonly faced by women in IDP facilities was also reported to be a deterrent for women to seek medical support. Specifically, pregnant women would typically be challenged to access dignity kits or NGI kits, even if they are included in distributions, they do not reach the most vulnerable. Women and girls also expressed a lack of menstrual hygiene materials.
Education	Most FGD participants reported difficulties in accessing education for IDP children. A few schools near the sites have tried to integrate some displaced children at the primary level (6-12 years old), but face challenges due to low classroom capacity. In practice, classrooms in host communities are not able to accommodate more than 10% of displaced students. This has resulted in the majority of displaced children unable to attend elementary school. In addition, it appears that no measures are in place to facilitate the integration of secondary school students (13 years and older). In fact, according to FGD participants, in most displaced households, priority for access to education is given more to boys, while girls stay at home to look after the younger children when their parents go out in search of food and work. Note that some humanitarian agencies are assisting IDP children with school kits and fee, intimate hygiene kits for girls, including recreational kits, water, hygiene, and sanitation. The provision of school fees for secondary school students remains a gap in all sites and reduces access to education for both boys and girls.

Participation at Community Level and in the Humanitarian Response.

Focus Group Discussions with both adult men and women show that humanitarian organizations have had limited to no consultation with crisis affected populations regarding the most appropriate or desired types of assistance. According to FGDs participants, each organization defined the type of assistance and programming to be provided independently of community input. Nevertheless, participants acknowledged that they participated in different surveys conducted by humanitarian organizations, most of which target heads of households or their representatives. There was also no follow-up given to participants about the survey results.

Although the number of women sitting on decision-making bodies at the community level (such as IDP committees and among bloc leaders) has increased, women expressed that they still have difficulty influencing decisions as they remain outnumbered by men and unsupported locally. This increased number of women is the result of the various sensitization initiatives and support of national organizations during the constitution of these committees of displaced persons. As more and more military groups are emerging, power is shifting from traditional leaders to the military groups, most of which are led by men. Women expressed concern that this would leave them with limited participation or influence over those groups and spaces.

Safety and Protection

The deterioration of the security situation as a result of continued fighting by the M23 in Rutshuru and Masisi is exacerbating human rights violations and GBV abuses. According to safety and protection monitoring reports, many women and girls were reportedly affected by acts of rape committed by armed actors while fleeing combat zones. Some children were also reported to be survivors of recruitment and used by armed actors during clashes. Beyond the incidents recorded in combat zones, a safety and protection observational audit conducted by the RGA research team highlighted the following conditions within displacement sites that increase safety and protection risks, especially for women and girls:

- A large proportion of shelters are built with fragile and transparent materials (such as banana leaves and mosquito nets). This leads some women and girls to seek refuge in neighboring shelters due to bad weather, exposing them to sexual exploitation, abuse, harassment, and sexual violence.
- Constant movement of IDP women in the bush in search of firewood for cooking or for resale, as well as in search of food in their fields
- Long queues of women and girls around water points that often leads them to return late at night when the safety and protection risks are significantly higher than during the daylight
- Poor knowledge and technical capacities of the RECOs (i.e. Community Relays) and the PSAs regarding key GBV concepts (including existing risks and forms of GBV) and GBV awareness messages
- Weakness of community protection and monitoring mechanisms, referral pathways for support and lack of legal or normative protections for GBV survivors
- The lack of functional latrines and showers in some IDP sites
- The lack of safe spaces for women or safe child-friendly spaces in areas accessible to the IDP community, specifically for women and children
- Lack of fencing, which makes the site permeable during the day and at night, thus increasing protection problems, including GBV

- Lack of psychosocial support, mental health activities and professional support services actively raising awareness around the issue to challenge the taboos

These factors contribute to the increase cases of GBV and continued under-reporting according to female FGD participants. According to FGDs, women and girls are mostly at risk of rape and sexual violence while searching for firewood or accessing their fields located in the north of Nyiragongo through areas occupied by armed forces. This violence is also often observed at night when women go into the bush to relieve themselves, in some sites with inadequate latrines and no lighting. The vicinity of the camps to military points and to the National Park, which hosts the FDLR militia, are also high-risk areas for GBV. Through FGD, a majority of participants expressed fear to go outside the IDP settlements for fear of sexual harassment and abuse. The situation has been exacerbated by the growing presence of armed groups and the breakdown of protection systems.

Additionally, domestic violence, including physical and psychological violence, is a serious and increasing issue as household tensions and instability continues. According to interviews with women, the livelihood challenges that men face leave them feeling inadequate caretakers of the family and seek to assert their power and authority using violence. This constitutes a major problem within the household dynamic and aggravates an already precariousness safety environment for women and girls.

Most cases of GBV are not reported due to the fear of stigmatization, exclusion, retaliation, rejection, and a culture of impunity. GBV, especially intimate partner violence (IPV) is usually perceived as a private problem and a taboo issue to make public. Despite the recurrence and prevalence of GBV, specialized response services, including case management, remains a serious gap, according to the Working Group on Indigenous People's (WGIP) report on the analysis of January to February 2023. According to this report, a stronger response to GBV and support mechanisms are a critical need in all sites in Nyiragongo territory. It is important to make fixed health facilities equipped with relevant and trained GBV professionals available on a larger scale and to facilitate mobile approaches for remote sites. This also includes services and child protection activities across all the sites in Nyiragongo. Children in IDP sites also face several unique protections risks while their parents are away looking for food, water, or firewood.

Coping Mechanisms

The table to the right reflects strategies that respondents expressed that are used to generate income for the survival of the household. When men and boys go to cities and host communities in search of employment, women are required to increase their livelihood activities. Some of those activities are generative and some pose significant safety and protection risks. According to the FGDs and individual interviews, women are more likely to take up firewood collection, domestic work and straw collection. There were

What coping strategies are used for survival?	Percentage (%)
Beg	19%
Domestic work	22%
Wood collection	22%
Straw collection	12%
Sex for survival	18%
Other	7%

also reports of women adopting harmful coping strategies such as begging and transactional sex. Begging is generally done by the most vulnerable groups, including people living with HIV, pregnant women, elderly (65 years old and above) and people living with disabilities. Some men and boys, due to limited livelihood opportunities, frustrations, and mental health challenges, were reported to turn to substance abuse. This harmful coping strategy creates increased burdens and stressor on women to manage household responsibilities and increases personal safety and protection concerns. FGDs also shared that some girls would be sent by their families to nearby towns and neighbourhoods for housework. This is seen as a strategy to protect girls, yet simultaneously exposed them to a wide

range of GBV risks and safety concerns. A common perception among parents, according to FGDs, is that their daughters are better protected in big cities because they will at least have enough food and will be further away from possible violence of armed groups.

Conclusion and Recommendations

The conflict and increased violence in the province of North Kivu has had a negative impact on the territories of Rutshuru, Nyiragongo and Masisi and led to significant waves of displacement and instability in the region and within family and community structures. Women and children are disproportionately affected by the deep-rooted crisis and become exposed to increased risk of exploitation and abuse in their displacement. Men are also increasingly facing impossible pressures to provide for the household, seek new livelihoods in displacement and navigate threats of violent rebels/militias/military forces. Especially vulnerable groups identified in this RGA include pregnant and lactating women, those with disabilities, IDPs, children and the elderly. Below highlights key recommendations to inform programming based on the findings from this RGA:

Generals Recommendations:

1. As part of the emergency preparedness planning, conduct a participatory gender assessment with direct inputs from affected communities that will be updated on a quarterly basis so that emerging issues are captured and addressed;
2. Conduct regular safety audits in displacement sites and disseminate findings to relevant sectors and humanitarian agencies;
3. Ensure that gender is integrated in all needs assessment so that differential needs are captured, and programming is responsive to the needs of the different groups;
4. Have all sectors identify GBV risks and integrate GBV risk-mitigation as standard practice for all programs, e.g., consult women and girls on their protection risks; include female staff as part of the response teams;
5. Work with local organisations, including women CBOs to increase reach and participation of marginalised groups, especially those with disability;
6. Activate community mechanisms around the expansion of livelihood opportunities for both men and women in host communities and provide short term work grants for displaced families to financially support themselves
7. Provide safe spaces for psycho-social support for both men and women (separately) affected by the ongoing conflict.

Sector Specific Recommendations

WASH

1. Provide IDPs with water in line with sphere standards (i.e closer water sites) to reduce the likelihood of harassment and abuse linked to water access;
2. Consult women and adolescent girls when designing, implementing, and monitoring WASH initiatives;
3. Provide separate, functional and safe latrines, as defined directly by women and girls, within IDP settlements to reduce open defecation and minimize risks of violence and sexual harassment;
4. Provide women and adolescent girls with menstrual hygiene management kits and dignity kits.

Health

1. Provide mobile health facilities with a gender-balanced team to ensure that vulnerable groups, especially pregnant women, are able to access services (directly or through referrals);
2. Provide training for health personnel on gender, GBV and survivor-centered approach and psychological first aid.

GBV/Protection

1. Government to sensitise staff, army and related personnel on PSEA and investigate any cases of PSEA as well as take action against the perpetrators in accordance with the law on the protection of survivors promulgated in 2006 and or by referring to international legal instruments of which the Government is a signatory;
2. Based on safety audits, ensure that the reception sites for displaced persons have adequate shelters, toilets, health facilities with appropriate risk mitigation measure in place;
3. Establish women and girl safe spaces in IDP areas to enhance GBV survivors' access to services, especially psycho-social support, and counselling;
4. Raise awareness at community level on gender, GBV, PSEA, referral pathway and provide information on how women and men can safely access relevant services, including psycho-social support services;
5. Establish and capacitate community protection structures in IDP sites inclusive of men, women and the youth, and support them to put in place measures to reduce protection incidences and risks of GBV within and outside the displacement sites;
6. Increase/strengthen awareness-raising activities against domestic/intimate partner violence. Implement activities that target men and young boys to engage in dialogue about toxic masculinity and harmful coping strategies;
7. Include training/sensitization on the protection of vulnerable persons, including from GBV, within the technical committees in all sectors.

Education

1. Provide child friendly spaces for young children not going to school and provide a catch-up sessions for learning skill spaces (apprenticeship of a socio-professional skill);
2. Raise community awareness on child labour and work with communities to improve girls' and boys' access to education;
3. Provision of temporary/community-based or mobile schools for displaced boys and girls, so that their education is not disrupted;
4. Work with local organisations, including women Community Based Organizations to increase reach and participation in activities of awareness raising in education on menstrual hygiene.

Shelter

1. Provide family kits as well as provide shelter relevant building skills activities to women and vulnerable groups to enable them to put up safe shelters;
Consult IDP women to understand their shelter-related concerns (e.g. overcrowded spaces) and identify with them the most appropriate form of shelter assistance.

Food and NFI Distribution

1. Strengthen protection risk analyses in relation to all distribution activities, particularly with respect to the management of recipient lists, distribution sites and facilities (e.g., latrines), training and governance of sector committees;
2. Add a source of cooking energy (as defined by IDP women themselves) in the food package to minimize selling of the assistance or the need to get firewood.
3. Identify how trade-offs are being made within the household around use of distributions and improve accountability for due process at distribution sites to mitigate bias and corruption

To the Civil Society

1. Advocate for services (health, PSS, GBV, etc.) to be put in place before any awareness raising on GBV and related matters;
2. Conduct gender dialogues with men and women around evolving household responsibilities, decision-making, control of resources, stressors, and coping mechanisms. Hold community gender dialogues focused on behavior change to transform harmful social norms and practices;
3. Advocate for the restoration of peace and stability in the country and strengthen the establishment of a provincial contingency plan;
4. Advocate for the respect and upholding of the humanitarian principles, as well as having perpetrators of violence held accountable.

References

1. [Conflict, Displacement and Overlapping Vulnerabilities: Understanding Risk Factors for Gender-Based Violence among Displaced women in Eastern Democratic of Congo, Jocely TD Kelly, Morgan Holmes, Niamh Gibbon, Amani Matabaro, Maarten Voors. World Bank Group, Gender Global-Theme, October 2021.](#)
2. <https://dtm.iom.int/reports/rdc-nord-kivu-suivi-des-urgences-109-25-au-27-janvier-2023>
3. <https://reliefweb.int/report/democratic-republic-congo/cholera-spreading-fast-conflict-escalates-eastern-drc-three-quarters-cases-children>
4. UN Office on Genocide Prevention and the Responsibility to protect, 24 January 2023, Statement by the UN Special Adviser on the Prevention of Genocide on the discovery of mass graves in Ituri in the DRC
5. <https://reliefweb.int/report/democratic-republic-congo/rwanda-and-drc-risk-war-new-m23-rebellion-emerges-explainer>
6. CARE International gender policy, 2009
7. Médecins Sans Frontières, 7 November 2022, *"North Kivu, des dizaines de milliers de personnes ont besoin d'une assistance urgente aux portes de Goma"*,
8. DRC Demographic and Health Survey 2013-2014
9. DRC Demographic and Health Survey 2013-2014

10. Source: Provincial Interior Division Annual Report, 2014.
11. <https://fr.wikipedia.org/wiki/Nord-Kivu>
12. https://www.ins-nordkivu.org/assets/doc/Profil_provincial_du_Nord_Kivu_Ed_2015.pdf
13. [2015 Edition published with the support of UNICEF as part of the DRC-UNICEF Cooperation Programme 2013-2017](#)
14. Data from needs assessments conducted by coordination mechanisms December 2022.
15. DRC Demographic and Health Survey 2013-2014
16. DRC Demographic and Health Survey 2013-2014
17. Source: Provincial Interior Division Annual Report, 2014.
18. <https://fr.wikipedia.org/wiki/Nord-Kivu>
19. https://www.ins-nordkivu.org/assets/doc/Profil_provincial_du_Nord_Kivu_Ed_2015.pdf
20. [2015 Edition published with the support of UNICEF as part of the DRC-UNICEF Cooperation Programme 2013-2017](#)
21. Data from needs assessments conducted by coordination mechanisms December 2022.
22. [Integrated Food Security Phase Classification \(IPC\), DRC Country Analysis report released on 18th October 2022.](#)

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