

USAID/DCHA ASSESSMENT REPORT

**Sexual Terrorism: Rape as a Weapon of War in Eastern
Democratic Republic of Congo**

**An assessment of programmatic responses to sexual violence in
North Kivu, South Kivu, Maniema, and Orientale Provinces**

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Acronyms

ADF	Armed Defense Forces? (Ugandan)
ART	anti-retroviral therapy
DDR	disarmament, demobilization, and reintegration
DRC	Democratic Republic of Congo
FAC	Congolese Armed Forces
FAR	Rwandan Armed Forces (former army)
FDD	Forces for the Defense of Democracy (Burundian)
FDLR	Forces for the Democratization and Liberation of Rwanda (ex-FAR and Interahamwe)
Interahamwe	literally “those who work together, later translated as “those who kill together”; Rwandans who fled the genocide of 1994
FNL	
Mai Mai	(also Maji Maji; Mayi Mayi) traditional militias in the eastern provinces
MLC	Movement for the Liberation of the Congolese
MONUC	United Nations Organization (Peacekeeping) Mission in Congo
NGO	non-governmental organization
PEP	post-exposure prophylaxis
RCD	Congolese Assembly for Democracy (subdivided into several factions based in eastern Congo)
STI	sexually transmitted infection
TRC	Truth and Reconciliation Commission
UPDF	Ugandan People’s Defense Forces (army of Uganda)
UN	United Nations
VTC	voluntary testing and counseling

Map of Eastern DRC and Sites Visited

(NOTE: THIS MAP WILL BE REPLACED BY ONE OF A CLOSE-UP OF THE EASTERN PROVINCES WITH AN INSERT OF THE WHOLE COUNTRY)



Executive Summary

Based on a three-week team assessment, this report addresses rape and associated violence against civilian women, men, girls, and boys that have been widely employed as weapons in the multiple regional and civil wars that have plagued the eastern provinces of the Democratic Republic of Congo (DRC). Such violence was noted in cross-border hostilities in 1991 but became more frequent in 1994, in the context of regional conflicts stemming from the Rwandan genocide and the pursuant exodus of Rwandan civilians and armed groups into eastern DRC.

Perceived as a particularly effective weapon of war and used to subdue, punish, or take revenge upon entire communities, acts of sexual and gender-based violence increased concomitantly. Attacks have comprised individual rapes, sexual abuse, gang rapes, mutilation of genitalia, and rape-shooting or rape-stabbing combinations, at times undertaken after family members have been tied up and forced to watch. The perpetrators have come from among virtually all of the armies, militias and gangs implicated in the conflicts, including local bands and police forces that attacked their own communities.

The effects of rape and mutilations are far-reaching. Community leaders noted that the frequent and extreme brutality committed with impunity during wave after wave of armed occupation has resulted in the disintegration of the moral and social fabric in many localities. Social stigma has left large numbers of rape victims and children born of rape rejected by their families and communities. Many cases of HIV and other infections remain untested and untreated. Fear of going to fields and markets--sites where rapes often take place--has resulted in spiraling malnutrition and economic loss. Widespread criminal impunity and inadequate local and regional governance leave communities without the means to reduce the violence.

Despite concrete improvements in security provided by the mobilization of the UN peacekeepers (MONUC) and the presence of humanitarian and development organizations in almost every site visited, local populations are still being subjected to both random and systematic attacks of sexual terrorism and pillaging. The IOs, NGOs, religious organizations, human rights advocates, and women's groups are doing what they can to address the problems associated with insecurity, displacement, and sexual violence. The many aspects of rape and mutilations – e.g., medical, psycho-social, economic, judicial – are closely interrelated, and the most effective programs observed had adopted a holistic, multi-sector approach with close coordination among sectors.

USAID has been addressing the above key issues while providing direct support to survivors through partnerships with international NGOs and their local partners. USAID/Kinshasa currently provides medical, psycho-social, judicial, and socio-economic support to approximately 8,000 survivors in North Kivu, South Kivu, and Maniema Province. USAID will increase this support during 2004-2005 through Office of Foreign Disaster Assistance (OFDA) programs, Victims of Torture Funds (VOTF) activities, and Office of Transition Initiatives (OTI) programs. The OTI programs will support additional local initiatives that address the repercussions of violence at the community level, through a series of activities aimed at rebuilding economic, social, and political structures in communities implemented by international NGO partners

Introduction

Rape and associated violence against civilians (women, men, girls, and boys) have been widely employed as weapons in the multiple regional and civil wars that have plagued the eastern provinces of the Democratic Republic of Congo (DRC). Such violence was noted in cross-border hostilities in 1991 but became more frequent in 1994 in the context of regional conflicts stemming from the Rwandan genocide and the pursuant exodus of Rwandan civilians and armed groups into eastern DRC. Fighting continued and grew in the two waves of conflict—known locally as World War I and World War II—that followed in 1996 and 1998, involving seven countries at one point. Perceived as a particularly effective weapon of war and used to subdue, punish, or take revenge upon entire communities, acts of sexual and gender-based violence increased concomitantly. Attacks have comprised individual rapes, sexual abuse, gang rapes, mutilation of genitalia, and rape-shooting or rape-stabbing combinations, at times undertaken after family members have been tied up and forced to watch. The perpetrators have come from among virtually all of the armies, militias and gangs implicated in the conflicts, including local bands that attacked their own communities and local police forces. According to a doctor at Panzi Hospital in Bukavu, many victims in that area reported that attackers would encircle villages and rape the women publicly and collectively, including children and the elderly.

Victims of sexual violence range in age from four months (a very recent case of attempted rape in Ituri) to 84 years of age. The effects of rape and mutilation are far reaching. In addition to the often-debilitating physical and psychological harm caused to the estimated tens of thousands of victims, the deep cultural taboos surrounding rape have instilled a sense of profound shame and humiliation in both victims and the families unable to protect them, effectively shattering communities throughout the region.

The effects of rape and mutilations are far-reaching. Community leaders willing to speak out noted that the frequent and extreme brutality committed with impunity during wave after wave of armed occupation resulted in the disintegration of the moral and social fabric in many localities. Social stigma has left large numbers of rape victims and children born of rape rejected by their families and communities. Many cases of HIV and other infections remain untested and untreated. Fear of going to fields and markets, sites where rapes often take place, has resulted in spiraling malnutrition and economic loss. Widespread criminal impunity and inadequate local and regional governance leave communities without means to reduce the violence.

Currently, the DRC is engaged in a transition to peace, with many former warring parties awaiting, or undergoing, a process of disarmament, demobilization and reintegration (DDR). Prevention of rape is closely linked to a successful political transition and DDR process. The team learned from several sources that when the national political transition began in June 2003, cases of rape and violence diminished noticeably as expectations that law and order would be restored were high. By November/December 2003, however, seeing little evidence of unified control in the region, various armed groups and bandits had resumed their attacks on the local population.

Despite concrete improvements in security provided by the mobilization of MONUC peacekeepers and the presence of humanitarian and development organizations in almost every

site visited, local populations are still being subjected to both random and systematic attacks of sexual terrorism that include theft, rape, pillaging and mutilation by armed groups and local bandits. All interviewees reported that insecurity persists in local communities. Women who had felt safe enough to work in their agricultural fields were again victimized and sought refuge once more in their villages.

Purpose of the Assessment and Methodology Employed

At the behest of the USAID/Kinshasa mission, a multi-sector USAID team set out to examine the effects of rape and other forms of sexual violence in eastern DRC and assessed programmatic responses in the context of the transition. The seven-person team was led by USAID's Office of Transition Initiatives and Office of Foreign Disaster Assistance and represented the sectors of health, democracy and governance, transition initiatives, and humanitarian assistance with participants from the USAID/Kinshasa mission.

Splitting into two groups to cover more ground, the team visited Bafwasende, Beni, Bukavu, Bunia, Goma, Kindu, Punia, Rutshuru, Shabunda, Uvira, and Walungu from January 9-16. In Kinshasa and while in the eastern provinces, the team met with national, regional and local authorities; the UN; international and local NGOs; other members of civil society; representatives from affected populations; and armed groups. Given the availability of well regarded accounts detailing individual cases (Human Rights Watch 2001 and MSF 2003, among others), the team chose to target service providers and other informants for information rather than approaching victims directly, out of a desire to avoid re-traumatizing victims. However, in many instances, survivors spontaneously approached team members with their stories, and their insights and experiences also inform this report.

Findings

Why Are Rape and Mutilations Carried Out Against Civilians, and Who Is Doing It?

In all the sites visited, the team asked, "Why are these rapes and mutilations being carried out here?" The responses revealed that the reasons behind sexual violence in eastern DRC are complex, varying both contextually and geographically. Virtually all of the doctors and medical personnel interviewed for the assessment reported that the rapes are not a product of sexual desire. As a doctor at Panzi Hospital explained, "[The rape] is done to destroy completely the social, family fabric of society." At least one historical analysis of rape, however, cautions against discarding the implications of sexual impulse. The argument tying rape solely to power, not sexual desire, Baldwin Argues, "ignores the way sexual desire has often been framed as a theater of power while power has been gendered. If the fundamental relationship of male to female was one of rule, then sexual desire and intercourse were invariably mixed with relations of power (2002:21). Patricia Rozée has identified various categories of rape, including: *punitive rape* (used to punish to elicit silence and control); *status rape* (occurring as a result of acknowledged differences in rank—master/slave, nobleman/commoner; etc); *ceremonial rape* (undertaken as part of socially sanctioned rituals or ceremonies); *exchange rape* (when genital

contact is used as a bargaining tool or gesture of conciliation or solidarity); *theft rape* (involuntary abduction of individuals as slaves, prostitutes, concubines, or spoils of war); and *survival rape* (when young women become involved with older men to secure goods and/or services needed to survive (quoted in Penn and Nardos 2003:54-55)

All of the above forms of rape have taken and are still taking place in eastern DRC. As mentioned previously, the majority of the attacks appear to have been motivated by the desire of armed groups to completely and utterly humiliate and dominate local populations. “After publicly raping 15 women,” described a doctor from Panzi Hospital, “in one case [their attackers] whipped them until there was not more skin on their buttocks. One victim (now being treated at the hospital) said she begged them to shoot her in the head after the third stroke of the whip, and they refused.” The doctors had to take skin grafts from her stomach to repair the damage.

Some rapes are used to punish individuals, families, and communities for allegedly sympathizing with or supporting the ‘enemy’ (Mai Mai assault those who are believed to support the RCD; RCD assault those who support the Mai Mai, and so on). Members of all the known armed groups in eastern DRC have been identified as perpetrators, including the FAC, MLC, FDD, RCD, ADF, and members of local police forces. Many women treated at health centers have testified that they were raped by military commanders. The team was told by a local official that many of the Rwandans who fled the genocide—the Interahamwe—some of whom are genocidaires, are desperate and very angry, knowing that they cannot return home with any assurance of safety. With nowhere to go, they have nothing to lose, and with the advent of disarmament, demobilization, and reintegration (DDR) programs, they feel they can benefit only by continuing the violence and forestalling an uncertain but likely ominous end for themselves.

Sexual violence has also been used to subjugate populations as a means of gaining access to valuable or scarce assets. Such assets are represented by national riches (diamonds, coltan, gold, and timber, for example)--or domestic goods like livestock, crops, clothing, cooking utensils, water containers and farming implements. (For an exhaustive report on the internal and international exploitation of Congolese natural resources, see U.N. 2001).

Certainly, partly due to women’s low legal status in both the traditional and civil domains, rape existed in the eastern provinces before the Rwandan genocide exodus in 1994 and the civil wars of 1996 and 1998. However, most of those cases reportedly took the form of the rape of a girl by a male ‘admirer’ when she went to gather firewood or collect water, for example; the issue was resolved between families by marrying the two, or by requiring the perpetrator to pay restitution to the girl’s family in the form of one or two goats. The extremely high number of cases of rape and the horrific mutilations that began to be reported from 1996 on, however, appears to replicate the massive sexual violence documented in Rwanda during the Rwandan genocide (see Human Rights Watch 1997). While many rapes are blamed on the “interahamwe”, the team discovered that this term is used in many rural areas to designate any armed person who comes out of the bush, whether s/he is Rwandan or not. Thus, the actual foreigners, although reportedly responsible for many rapes and mutilations, have become scapegoats for virtually all of the sexual violence in the region. One group of women even demonstrated to the team how local perpetrators assume a Kinyarwandan accent mask their own identities while they are attacking

villages. The general breakdown of security, widespread fighting, chaos caused by displacement of millions of civilians, and broad lack of impunity for most civil and war crimes between 1996 and 2003 has fueled old ethnic feuds as well, such as the long-simmering conflict between the Hema and Lendu tribes in Equateur Province that culminated in a horrific massacre of several hundred people in 2003. (Some Hema have allied themselves with the transition movement while others have refused). The rape and killing was brought to a halt only by the intervention of French troops. Even the pygmies (or Mbuti tribe), long known for their relatively peaceful demeanor and pacific philosophies, have been drawn into the violence. Their once seemingly idyllic life in the Ituri forests (see Turnbull 1961) has been slowly transformed at least partly by their painful absorption into more urban settings, and marked by abuse, exploitation, and profound ethnic discrimination. The team discovered that under the cloak of war-induced chaos in North Katanga and other areas, Pygmy men have finally begun to fight back, and are said to be responsible for raping and pillaging Bantu villages-- allegedly with the encouragement of Rwandans-- in retaliation for decades of abuse.

The use of sexual violence as a tool of domination and punishment has spread to the community level as well; the team was told of many individual cases of “punishment” perpetrated by civilians against one another. In one instance in North Kivu, a young girl was raped by the owner of a mango tree for taking a green fruit without asking. Just four days before the assessment team arrived in Bunia, a woman from an IDP camp outside the airport was killed (her throat slit) when she was caught digging up potatoes from a nearby field at night. The use of sexual violence has proliferated to the point that even the most seemingly minor of transgressions or old personal scores are now dealt with through the use of rape and violence. Once a highly taboo subject, the effects and implications of rape are beginning to be discussed everywhere in eastern DRC now. The proliferation of assessment and reporting teams has opened up an avenue for this topic to be discussed and addressed formally.

The team heard from several sources that superstitions and fetishism are also playing a role in sexual violence. It was said that some men believe that sex with prepubescent or post-menopausal women can give strength to or protect fighters from injury or death.. The life in the bush of many of the Interahamwe, Mai-Mai, and other militias is described as particularly hard: insufficient food, limited sources of potable water, infestations of lice, fleas, and other parasites, frequent displacement, no access to health care, and the psychological pressure of constantly being on the alert for counter-attacks. Paid, professional fetishists in Beni and the surrounding area are allegedly taking advantage of the situation, advising their customers, for example, that raping young girls can protect them from harm or improve their business dealings.

The Prevalence of Rape and/or Mutilation in the Eastern Provinces

The table below lists some illustrative numbers of sexual violence cases in the eastern provinces.

Reported Figures on Rape/Mutilation Victims in Eastern DRC

Source	Time Period	Site	# of Rape/Mutilation Victims
Panzi Hospital	From 2002 to 2003	Bukavu and environs	Increase from 290 to 1289
DOCS Hospital	From 10/03 to 12/03	Goma and environs	Increase from 1757 to 2133
United Nations field 2003 assessment and appeal	2001 end 1999-mid-2001	Shabunda South Kivu	2000 (IRC est.) 2500-3000 (governor est.)
Joint Initiative on the Fight Against Sexual Violence towards Women and Children	Since 1998	South Kivu Prov. Maniema Prov. Goma Kalemie	25,000 11,350 1625 3250

- N.B. 1. The main referral hospitals, Panzi and DOCS, usually receive only the most extreme physical trauma cases.
 2. Besides massive underreporting due to fear of repercussions and reprisals, duplication of numbers is also possible, as hospital cases also include those counted initially in NGO reports.

There is a natural tendency to want to know how extensive a problem sexual violence is in order to properly address it. However, the assessment team felt strongly that scarce funding should not be used at this time to try to determine total numbers of cases, victims, and survivors. Such studies can be carried out later if necessary, based on dossiers kept by human rights organizations, hospitals, NGOs, and other groups. Because so many victims will never come forward due to the potential repercussions, the actual numbers of rape cases will never be known. Double-counting of cases is possible too, since some of the survivors counted by field reports will be counted again by the hospitals to which they are referred. It can be estimated, however, that based on the statistics presented by the two referral hospitals, a *minimum* tens of thousands of rapes and/or mutilations have taken place since 1996, and untold thousands more back to 1994. The following statistics give an idea of the seriousness of the issue: based on statistics from a recent report submitted by Panzi Hospital, from 1999 (290 cases) to 2003 (1289 cases), the number of victims of sexual attacks treated at the hospital rose by almost 3000 percent (30 fold). The largest increase in cases in a one-year span—444 percent--occurred from 2002 (290) to 2003, which may be a result of previously attacked survivors gaining access to services at the hospital. The hospital staff warned us that the current increases almost certainly do not represent new cases, but patients who were attacked months or even years ago and are coming for assistance only now as security allows and as more victims hear of services that have become available. The important point to retain, however, is that unrest, insecurity, rapes and mutilations are continuing and that the survivors need most to be helped, not to be counted.

The Effects of Sexual Violence on Local Populations

“The power to provide, to protect and to defend, as well as to control and to define one’s belonging to the ethnic group, is symbolically in men.” (Zarcov 2001:78)

Rape and mutilation have severe short-and long-term effects on the survivors, perpetrators, families, communities, ethnic groups, region, and the ability of the nation to become whole once again. The violence tears flesh as well as souls, and the effective healing of both is not guaranteed. Gang rape and mutilations often result in massive internal tearing and accompanying fistulas (described in Wax 2003). Serious complications with childbirth, menstruation, urination, and fecal elimination are common. Many victims are rendered sterile as a result of the trauma, operations, or scar tissue. Because Congolese women’s value is still so closely associated with virginity, wifehood, and bearing children, rape can and often does result in “social murder” (Penn and Nardos 2003:57). Unmarried girls who are raped have little prospect for getting married, their whole family is deeply shamed by association, and parents will not receive a dowry for their daughters.

Parents of young children who are raped suffer tremendously, explained the doctors at Panzi. They are wracked with guilt that they weren’t able to protect their children, and terrified that their children might be infected with HIV or other STIs. “When she found out that her young daughter was raped,” said the doctor, “one mother said, ‘Take her away! I don’t even want to see her again.’” Husbands—often encouraged by their own parents--reject their wives when they learn they have been raped, leaving them to fare for themselves in a society that rarely allows women to own or manage productive assets. The babies that result from rapes are frequently rejected by their mothers. “What if the baby looks like my rapist?” said a pregnant girl tearfully to a doctor at Panzi Hospital. In parts of North Kivu, children suspected or known to be rape children are teased at school and called “Hutus”, the team discovered. According to Human Rights Watch (2001) up to 5000 children resulting from rape during the genocide in Rwanda were labeled ‘children of hate’ and ‘unwanted children.’ It is unknown how many such children there are in eastern Congo. Abortion is illegal in DRC, and the traditional capacity and willingness of Congolese families to adopt orphans or unwanted children have been extremely diminished by the current levels of poverty throughout the country, and especially in the eastern provinces.

The spread of STIs in the eastern provinces due to rape poses an enormous health problem. A doctor at DOCS Hospital has determined a level of 12 percent HIV seropositive rate among women who have been raped. A UNICEF representative told OFDA staff at a meeting in Washington, D.C. on March 9, 2004, that other studies show rates as high as 27 percent among rape survivors in the eastern DRC, compared to a baseline rate of 3-6 percent recorded in tests undertaken in prenatal clinics.

“Even after many years following rape,” write Penn and Nardos, “victims have a two times greater risk of qualifying for ten different psychiatric diagnoses, including major depression, alcohol abuse, drug abuse, obsessive-compulsive disorder, generalized anxiety disorder, eating disorders, multiple personality disorder, borderline personality syndrome, and post-traumatic

stress disorder.” (2003:57). Other, related effects in less clinical terms, include: “shock, a fear of injury or death that can be paralyzing, a sense of profound loss of control over one’s life, persistent fears, avoidance of situations that trigger memories of the violation, profound feelings of shame, difficulty remembering events, intrusive thoughts of the abuse, decreased ability to respond to life generally, and difficulty re-establishing intimate relationships” (Swiss et al.1993:6). Fear of sexual violence has also at least partially responsible for malnutrition in some areas (because women are afraid to work in their fields) and the associated negative impacts on local economies, as well as for the interruption of children’s educations when they are kept home to keep them safe from attacks. In a society that relies heavily on its women to produce food, raise children, and try to maintain peace and order in a community, these effects represent an alarming burden on a nation trying desperately to unite, ethnic groups struggling to cohabit peacefully, communities attempting to regain social mores and order, families seeking to regain their livelihoods and escape lives of fear and desperation, and survivors hoping to heal.

The Range of Attitudes toward Rape

The impressive struggle of local NGOs, human rights advocates, health personnel, religious groups, and survivors to deal with and address sexual violence in eastern Congo is unfortunately being undermined by attitudes toward rape encountered by the assessment team in different sites in the eastern DRC. Rape is a difficult subject to broach in any country in the world due to its relation to sex, gender relations, power relations, and community cohesion. Because rape has the potential to create terrible divisiveness within or between close communities, it is often kept quiet and dealt with by the families directly involved, sometimes with the mediation assistance of an elder or religious leader. The massive scope of rape in the eastern provinces has brought a formerly taboo subject out in the wide open and under international scrutiny, and caused further humiliation and embarrassment. The team was told that at the highest levels of the transitional government, at least one representative was allegedly heard to say dismissively that rape was a “women’s” issue that women needed to deal with on their own. One MONUC commander of a sub-office in the North Kivu told several members of the team that rape was “normal” behavior to be expected of soldiers who had been without women in the forest a long time. For some men, it seems, discussion of rape is highly embarrassing and it is easier to brush it off than address it; or, alternatively, that it is an unfortunate but inevitable by-product of armed conflict. While that attitude is hopefully not widely shared among the MONUC forces it does, however, suggest that any complaints brought forward by the public or survivors may not be taken seriously or adequately addressed.

Addressing Sexual Violence

The current United Nations Chapter 6 peacekeeping operation in DRC authorizes peacekeepers to use military force if necessary to restore peace and security, with the additional Chapter 7 component that allows “self-protection and limited protection for the civilian population” (Refugees International 2003:5). The populations in the eastern provinces who are sexual attack survivors or victims of the still widespread pockets of insecurity do not understand MONUC’s protection role and find it largely inadequate, and one recent report concludes that MONUC troops could be doing much more within their mandate to help protect local populations (Refugees International 2003).

The IOs, NGOs, religious organizations, human rights advocates, and women’s groups are doing what they can to address the problems associated with insecurity, displacement, and sexual violence. The many facets and ramifications of rape and mutilations – e.g., medical, psychosocial, economic, judicial – are closely interrelated, and the most effective programs observed by the team had adopted a holistic, multi-sector approach with close coordination among sectors. Many Congolese have been working on their own—in some cases for years--or with international support, to help victims and affected populations. Nonetheless, resources in all sectors are insufficient to meet the enormous needs. One NGO in Maniema Province reported to the team that “the number of women affected is far greater than the assistance available”. (This organization reported that it is already operating at capacity, providing assistance to 540 women.) Requests for assistance are expected to increase geometrically as improvements in security allow for greater access to services, and as more victims are encouraged to come forward. Specific observations follow in the sectors of governance, medical health, psychosocial concerns, justice, and prevention.

Governance

The reintegration of tens of thousands of both the authors of these crimes and the survivors into their families and the society at large is a crucial precondition to a successful reconstruction and transition into a peaceful and productive democracy. According to the feedback the team received, the highly anticipated palliative effects of the transition are not being felt in much of the East, nor do local populations feel that transitional government leaders in Kinshasa understand the levels of insecurity and lawlessness that characterize the eastern provinces beyond their regional capitals. Furthermore, local and regional authorities who are trusted by local populations and who will play a crucial role in restoring mores and values have not yet been put in place by the central government. Meanwhile, most areas and even some regional capitals such as Goma and Bukavu remain highly militarized. Prevention of rape and a successful political transition including demobilization of irregular forces and national military integration are therefore closely linked. As described above, delays in DDR have apparently led to the retargeting of civilians. Where DDR is being carried out, perpetrators are often reintegrating into communities alongside their victims, with no planned security or protection measures.

Further complicating matters, delays in repatriation of foreign troops and irregulars implicated in the fighting are enabling local perpetrators to continue to use the presence of foreigners as cover to attack with impunity. A doctor treating survivors at Panzi Hospital said that peace was the answer to the problem of sexual violence. “If peace can be established in all of the regions of the country,” he explained, “this would work. It is the only solution.”

Medical Health

There are very limited resources to treat rape and mutilations in the DRC. In the eastern provinces there are only the two referral hospitals for women who are suffering from injury and infection caused by violent rape that have been mentioned throughout this document (both supported by USAID): DOCS (Doctors on Call for Service) in Goma, and Panzi in Bukavu,

which are treating thousands of rape victims in an exemplary fashion. However, because so few rural inhabitants have the means to access these specialized centers (due to lack of information about available services, travel costs, lodging, food, etc.), many cannot yet avail themselves of immediate or sustained assistance. The team was told that in Maniema there is only one gynecologist available part-time for the entire province. Throughout the eastern provinces, health centers are woefully unequipped to provide even the most basic health services, not to speak of specialized services to rape victims. Some of the basic necessities needed include: emergency contraception following rape to avoid unwanted pregnancies; appropriate antibiotics against infection and STIs; access to voluntary testing and counseling (VTC), post-exposure prophylaxis (PEP) including and ART (anti-retroviral therapy).

Those rural health centers that are not currently being supported by NGOs, IOs, or religious organizations have little or no supplies to respond to even routine health concerns, never mind rape-induced complications. Furthermore, their staffs do not have the specialized training needed to respond to rapes and mutilations. Several regional health experts felt that the idea of mobile health teams that could on the one hand reach rural survivors more quickly but also spend time training rural health center staff, was a good one, and worth funding on a trial basis.

Rape survivors with fistulas—tears in genital tissue that can cause uncontrollable leakage of fecal matter or urine—need highly specialized care that is both time-consuming and expensive. A doctor at Panzi Hospital told the team, “Sometimes the destruction is such that the women have no more vagina. These women ask the doctors, ‘will I be able to have children?’” Married women are kept at DOCS Hospital until they have healed entirely, since as soon as they return home—if they are accepted back at all—some husbands expect them to be able to resume sexual activities right away, whether they are fully healed or not. Because of limited space at the hospitals, victims who are afraid to go home for fear of rejection or additional attacks are forced to leave anyway to make room for other victims, creating a terrible moral and ethical dilemma for all involved. The DOCS Hospital staff has experience in many parts of the world, and is eager to expand its program on training more health staff to be able to assist rape victims in rural

Health personnel are also very alarmed about the attendant spread of sexually transmitted infections, especially HIV-AIDS. The tears and other damage induced by violent rape greatly increase the chance that the victim will contract an STI. Many of the foreign troops that inhabited or passed through the eastern provinces over the past decade were known to exhibit high rates of HIV-AIDS: the Rwandan, Ugandan, Burundian, and Zimbabwean armed troops in particular. The U.S. Centers of Disease Control will soon release a report on estimated levels of HIV infection in the eastern provinces, providing a better idea of what the region will be facing in terms of emotional, social, and economic costs. Analysts also fear a sharp rise in HIV and other STIs following DDR, improved access, and extensive population movements. A representative from UNICEF who met with DCHA/OFDA on 9 March 2004, reported that early findings from the eastern provinces indicate a 27% HIV-seropositive rate among rape survivors.

There are other constraints to addressing HIV-AIDS as well. Testing and counseling capacity for HIV remains very limited; and the small amount of immediate prevention medications (administered between 24 and 72 hours of the rape) rarely reach the victims in time to be effective. In the few areas where VCT is available, many victims do not want to be tested,

knowing that a positive outcome will lead to their rejection at home. Conversely, testing is often a crucial precondition for the family to accept the survivors' return, so there is a huge demand on the part of survivors to receive VCT and be able to show their families that they have not been infected. ARVs are not readily available and come at a cost (average of \$50/month) that the average Congolese citizen cannot afford. Health system management is also limited, lacking the capacity to ensure proper follow up for the prescription and proper administering of the medication.

Psychosocial Initiatives

a. Orientation/referrals, accompaniment, and counseling

Local Congolese NGOs are deeply engaged in the sector of psychosocial assistance, including victim identification, orientation, referrals and accompaniment, trauma counseling, and family and community mediation (to encourage husbands and in-laws to accept raped women and girls back into their families). Despite their heroic efforts, however, many organizations lack training and resources needed to assist survivors, especially in the more remote or insecure areas. One organization in South Kivu is focusing specifically on marginalized groups, including Pygmies, providing counseling medical services, and micro-credit to victims. Another group working north of Bukavu reported that it has assisted 600 victims and established fifteen Paillotes de Paix, or Peace Houses, devoted to survivors of sexual violence. This group identified 308 rape cases in only two months. The staff focuses on an initial response, and then relies on referral services for additional needs.

b. Social reintegration and livelihoods

Until citizens feel secure enough to access agricultural fields and trade routes freely, the economy in the East will not recover sufficiently to provide employment opportunities to absorb the many perpetrators of violence, whose acts have often been linked to their poverty. Survivors of violence -- especially women and girls who have been rejected by their families -- have become among the most vulnerable of individuals, with no means of economic support and often no place to live.

Because local traditions encourage the belief that raped have lost all value to the community, helping women re-engage in productive or income-generating activities enables them to feel socially worthy and useful again, mitigating their feelings of guilt, shame, and worthlessness. At DOCS and Panzi and through local and international initiatives, programs have been introduced to provide sewing, knitting, and other skills that simultaneously can help patients heal psychologically from their wounds and prepare them for economic opportunities. Agricultural improvement activities and seeds and tools initiatives are highly desirable and appreciated as well. However, the team was made aware of a rabbit-raising project in the Walungu area that elicited attacks from bandits who stole the rabbits and assaulted the women.

Justice

A large number of interviewees reported that the continuation of sexual and other types of violence in the east is due to widespread criminal impunity, a historical phenomenon felt more acutely in the wake of Congo's recent wars. The lack of rights of women as individuals is evident even in formal Congolese law, where rape is considered a crime against the honor of the husband, a vestige of Belgian colonial law. Nevertheless, Congolese human rights activists and lawyers have been working hard to identify, counsel, and ensure material assistance particularly for female survivors, completing legal dossiers that can be used later for judicial prosecutions or formal mediation. The challenges are enormous, however, particularly given that most perpetrators remain unidentified. Many survivors reported that perpetrators who thought they might be recognized disguised themselves by covering their faces and changing their accents or even language to confuse the victim. While many survivors said that their attackers should be punished, there was no consensus on how that could be accomplished.

Though the efforts of the human rights NGOs are heroic, many workers lack training in interviewing and evidence-gathering. In addition, many are not aware of confidentiality and data/dossier protection norms. While a small number of sexual violence cases have been successfully brought to court, and prosecutions and sentencing achieved, most victims do not have sufficient confidence in the "justice system" as it is currently constituted to be willing to subject themselves to further humiliation and possible reprisals by pursuing formal legal action. Other deterrents to pursuing justice are the associated fees and systemic corruption. Without systems in place to protect the victims and witnesses, pursuing formal prosecution is inadvisable until a much improved national justice system is in place. By contrast, however, the well-organized, transparent and widely publicized prosecution of a few well-known perpetrators in positions of influence could place an important check on impunity and serve a useful deterrent effect.

Some Congolese activists are providing extrajudicial mediation services, with significant results in a few instances. The large majority of mediations, however, do not aim to hold perpetrators accountable; rather they are carried out between rejected women rape survivors and their spouses or parents, with the aim of reintegration into one's family and community. Many survivors defined "justice" as finding acceptance by their families and communities rather than as seeing their perpetrators punished. This attitude may result from a lack of confidence in the justice system and/or a fear of reprisals, but it may also stem from the traditional notion of justice as a conflict resolution mechanism with the goal of healing the community, whereby elders would "adjudicate" cases by ordering a wrongdoer to make restitution to the family of the aggrieved. A few cases heard by the team reported that perpetrators had paid fines in goats and chickens to compensate the victims' family for the crime.

Survivors have reason to not trust that their attackers will be properly punished: the head of a well-known women's organization in the eastern provinces described the case of a raped woman who positively identified her attacker from a line-up of soldiers. The commander took the accused out of sight and soon after he was heard crying loudly, as if being corporally punished.

The woman was told later by onlookers that the commander was hitting the wall instead of the alleged perpetrator, who was playing along, only pretending to be hurt. On the other hand, the team also heard of a case where mediation resulted in the aggressor paying the victim's hospital bill.

Individual preferences as to whether and how to pursue justice are affected by a notable gap in awareness regarding the range of possible judicial solutions. The "legal" and human rights NGOs tended to be the most specialized of all of the local groups addressing sexual violence, with few generalist women's groups participating in legal initiatives. A universal observation among respondents was the need for "know-your-rights" campaigns. More educated respondents pointed to an urgent need to change the status of women under Congolese family and penal law.

The chilling story of a woman from a village in North Kivu demonstrates the complexity of emotions and attitudes toward personal and communal justice. After being raped by a group of local thugs (whom she recognized) who also killed her husband as he tried to defend his family, she publicly denounced them. They returned shortly afterwards and cut both of her lips off as a warning to her and others not to speak out. One of a group of victims and activists who met with the assessment team, she initially stated (talking with great difficulty now and covering her mouth with a cloth) that bringing the perpetrators before formal justice would not bring back either her husband or her lips. As the team prepared to leave, however, she came up quietly and said that she would consider bringing the rapists to court.

In Bunia in particular, which is still highly insecure and where the consequences of inter-ethnic violence and the impact of the invasion by Ugandan troops remain obvious (inhabitants turned out of their homes, the establishment of IDP camps, barricades of concertina wire surrounding UN installations), many perpetrators of sexual violence live within the town and are sources of potential new attacks and reprisals. Out of fear of reprisals, none of the organizations with whom the team talked that are involved in survivor assistance programs is publicizing its efforts on the radio as is done routinely in Goma and Bukavu. In Shabunda, where sexual violence was particularly notorious, the office of a women survivors' group was burned and looted, allegedly by local perpetrators and one of the women was abducted by Mai Mai militias in revenge for her work. She was later released to a humanitarian affairs officer for MONUC as a result of his status, bravery, and insistence. Devoted to their cause, the women of Shabunda continue their activities but not as openly as before.

Members of the international community have discussed the idea of "mobile courts" to fill the gap in the judiciary process. But interviewees in the eastern provinces felt strongly that such an approach would be inadvisable. First, without added long-term security measures, it would create risks for reprisals when the court leaves. Second, there would be a risk of "mobile" judgments not being accepted by traditional leaders. Last, judgments would risk being overturned when a new national justice system finally is put in place.

The assessment team discussed the potential usefulness and role of the proposed Truth and Reconciliation Commission (TRC)—to be modeled after the one established in post-Apartheid South Africa—in bringing perpetrators to justice. "The commission is responsible for establishing the truth of events, reconciling former enemies, and addressing the injustices committed during

recent years of war in the country...” a recent IRIN report stated (2004:3). The commission is one of five institutions that have been created by the inter-Congolese dialogue for the support for democracy. During the team’s visit, however, very few interviewees expressed awareness of the discussions in Kinshasa concerning the establishment of a TRC. Some NGOs were undertaking education campaigns to spread awareness of its establishment, but a prominent human rights group was skeptical as to whether the proposed TRC would be able to generate sufficient public support to be seen as a credible mechanism to address crimes of sexual violence.

According to the same IRIN report, one of the four current vice-presidents, Azarias Ruberwa, leader of the Rassemblement Congolais pour la Democratie (the former main rebel movement in the East) has publicly denounced rape as a crime against humanity. During a recent public appearance in Kinshasa, however, USAID/Kinshasa reported that the crowd heckled him, lifting a woman survivor of rape and mutilation into the air for Ruberwa to see, and denounced the RCD. Such sentiments demonstrate that oversimplified initiatives encouraging “global forgiveness” for war-related and other violence are at best not realistic and at worst mock the suffering experienced by individuals and communities throughout the country.

The Joint Initiative on the Fight Against Sexual Violence Towards Women and Children (see united Nations 2003) has created a legal aid fund, backed by the World Bank and other donors, that will investigate sexual violence crimes, support lawyers and judges in persecutions, provide training for judges and supply courts with computers, and make funds available to assist survivors in their rehabilitation and pursuit of justice (IRIN 2004:4).

Prevention

Durable peace was widely identified as a primary tool for prevention. According to local populations in the eastern provinces, a significant reduction in the cases of sexual violence will be achieved only when all of the foreign armed troops (e.g., Rwandan FDLR, Ugandan ADF, Burundian FDD and FNL) are repatriated. Until then, perpetrators from the local population will use the presence of foreigners as cover to attack with impunity. Similarly, delays in and lack of provision of assistance to the armed Congolese troops regrouped for DDR programs are leading to the retargeting of civilians.

Political and social sanctions could serve to end the state of total criminal impunity that fuels this violence. The nomination by the central government of responsible and responsive local leaders who are ready and willing to help lead efforts to mend the social fabric and re-instill dignity and social mores will play a crucial role in controlling the rogue elements of society and in reducing the incidence of violence in general and of rape and sexual violence in particular. In cases where individuals are proven to have engaged in acts of sexual violence they should not be eligible to hold public office or serve in military command positions, particularly in the community where the crime was committed. Until these problems are resolved, the local populations and economy will continue to suffer terribly, as the perpetrators attack rural producers on insecure roads, in their fields, at markets and as they attempt to gather the wood and water and food that are keeping them alive. Further, the public perception that these crimes are permissible and acceptable will be reinforced. The team observed few reported mechanisms of such physical protection for women such organized groups going to the fields together, safe houses—whose

effectiveness has been demonstrated in Uvira and Kindu and their environs--or ways to sound an alarm.

Recommendations

USAID has been addressing the above key issues while providing direct support to survivors through partnerships with international NGOs and their local partners. USAID/Kinshasa currently provides medical, psycho-social, judicial, and socio-economic support to approximately 8,000 survivors in North Kivu, South Kivu, and Maniema Province. Global Rights, an experienced consortium of human rights organizations based in Kinshasa, is also working hard with many key women's organizations, to combat impunity, change existing laws that do not protect women, and raise awareness. USAID will increase this support during 2004-2005 through Office of Foreign Disaster Assistance (OFDA) programs, Victims of Torture Funds (VOTF) activities, and Office of Transition Initiatives (OTI) programs. The OTI programs will support additional local initiatives that address the repercussions of violence at the community level, through a series of activities aimed at rebuilding economic, social, and political structures in communities implemented by international NGO partners. These activities will support local NGOs, Community Based Organizations, and civil society groups who have proven track records for projects that address impunity, rape and sexual violence, reintegration, and peace and reconciliation. At the same time, USAID is addressing justice and human rights on the national level, promotion of income generation and education in targeted areas, and support to reintegration of demobilized militias and armed groups through its ongoing programs that support activities for democracy and governance, livelihoods, education, and reintegration of ex-combatants.

These are some of the initiatives that will comprise a solution to the problem the DRC now faces: how to end the widespread use of rape as a weapon against women, girls, families, and communities; how to hold those who are responsible for these crimes accountable; and how to help the victims that have suffered the results of the Congo's conflict far too long. It is the responsibility of everyone: Congolese men, women, and children, donors, NGOs, civil society, and local and national government to ensure that these crimes are addressed, perpetrators do not go unpunished, and to create an environment to allow women, communities, and a nation to heal.

Overarching Key Recommendations:

- 1. Publicly bring to trial, prosecute, and sentence several of the best known and documented rapists and commanders of armed groups responsible for large numbers of rape in the eastern provinces.**
- 2. Remove (repatriate/resettle) the residual foreign armed troops and militias (Interahamwe and other Rwandans, Ugandan, Burundian) from the eastern provinces.**
- 3. Reduce the number of arms and control the arms trade in the region.**

4. Support and expand initiatives to strengthen women's status in Congolese law and society, with special attention to guidelines in the new National Constitution.

Policy

- A. Encourage the GDRC and the UN to follow through with DDR activities in the East with the utmost urgency, to prevent further depredation of the local populations.
 1. In particular, facilitate the immediate removal of the residual Interahamwe, ADF, FML, et al., from the eastern provinces, which will reduce the new incidences of violence dramatically by removing some of the worst offenders as well as the ability for local perpetrators to lay blame for their own actions on foreigners.
 2. Work with GDRC authorities and communities in the eastern provinces to identify viable local leaders in the East who will provide the foundation for the reinstallation of civil order and social values, and help end the current reign of impunity.
 3. Provide the promised assistance and other DDR support to troops who have agreed to demobilize in priority, as some troops and their families are already suffering severe malnutrition and are looting local villages as a result of survival needs and frustration.
 4. Ensure that dependants of military men are adequately addressed in the national plan for DDR and insist on the immediate release of all women abductees.
 5. Ensure that human rights and sexual harassment training/refreshment courses are provided to MONUC forces. Professionalize the reconstituted National Army and police force to ensure that human rights and sexual harassment training is a mandatory part of its training.
 6. Establish a strong border patrol presence along the borders with Uganda, Rwanda, Burundi, and Tanzania to minimize the further movement of troops and illicit exploitation of Congolese assets.
- B. Ensure that the new military code and Codes of Conduct for public authorities address the issue of sexual violence, and women's rights.
- C. Encourage an increase in the number of high-level GDRC delegations that visit Panzi and DOCS Hospitals and other sites in the East to understand the scope and nature of the problems and demonstrate that the central governing authority is aware of and willing to respond to the situation through clear public statements and policy directives.
- D. Promote and increase coordination among groups working on SGBV policies and programs. Establish regular provincial, regional and national meetings to facilitate the exchange of information and lessons learned. Designate a special sexual violence coordinator seconded to UNOCHA as well as specific points of contact in each of the donor thematic working groups that will address sexual violence issues.
- E. Encourage the dissemination and use of UNHCR's newly finalized *Guidelines for Prevention and Response for Sexual and Gender-Based Violence against Refugees*,

Returnees, and Internally Displaced Persons (UNHCR 2003) and WCRW's *Gender-Based Violence Tools Manual: For Assessment and Program Design, Monitoring, and Evaluation* (2003).

Programming

A. Democracy and Governance

1. Build upon the strong civil society networks that currently exist by facilitating and expanding their coverage. Expand both the level of training and the number of staff trained in the areas of counseling, human rights, and medical services.

B. Physical Health

1. Provide immediate support to rural health centers through technical and material assistance and put into place mobile teams of rape specialists who can train health center staff, help treat victims in remote sites, and provide critical equipment.

2. Support DOCS and Panzi hospitals in training young Congolese gynecologists to handle cases of sexual violence.

3. Create additional referral hospitals in other provinces (for example, Katanga and Maniema) by training and installing gynecologists and material provision.

4. Provide funding for extreme case SGBV survivors to be cared for at the sexual violence centers in Ethiopia or Nigeria. This should include plastic and reconstructive surgery as needed.

C. Psycho-social Issues

1. Provide training to reinforce active rape counselors and expand numbers of trained counselors.

2. Reinforce and replicate mediation efforts to assist survivors' acceptance and reintegration into their families and to help mothers accept babies issuing from rape, or find suitable homes for them.

3. Ensure referral services from medical facilities to psychosocial care and vice versa.

4. Ensure that the victims' counselors are screened often and treated when necessary for PTSD and depression often associated with their work

D. Justice

1. Provide access to viable, legitimate transitional justice mechanisms during the transition period .

2. Facilitate the documentation, coding, and safekeeping of sexual violence dossiers (in hospitals and health centers and through human rights and legal advisors).

3. Support and expand initiatives to strengthen women's status in Congolese law and society.

4. Train key magistrates in the East in SGBV law, prosecution, trials, and sentencing; and increase the number of women magistrates in the East overall.

5. Provide livelihood support and reconstructive surgery for rape survivors punished for denouncing their perpetrators.

E. Prevention

1. Use MONUC and/or legitimate, trained local defense forces to patrol areas and sites known to be high frequency attack spots: paths to markets; remote agricultural fields; high-risk markets and roads; communities located near camps of armed groups.
2. Provide public messaging where security allows concerning how and where assistance can be accessed, de-victimize survivors, denounce perpetrators, and emphasize human and civil rights. Such messaging must not be a stand-alone initiative but integrally linked to multi-sector service provision.
3. Support the use of such locally adapted prevention measures as whistles, and communal labor groups for firewood collection, trading, and agricultural activities that can help communities protect each other.
4. Determine livelihood measures that can serve to limit women's exposure to harm: improved stoves to reduce amount of firewood needed (and save household resources); establish wells closer to villages in highly insecure areas;
5. Expand access to information and education about legal rights and the responsibilities of public authorities during the transition period through appropriate media outlets.

F. Monitoring and Evaluation and Lessons Learned

1. Generate, disseminate, and base further training on a document analyzing good and best practices associated with addressing SGBV based on evaluations of SGBV initiatives.
2. Link implementing partners with the new UNICEF methodology for monitoring and reporting on sexual violence.

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Annex A

Interview Questions

(N.B.: These questions were used by the team as a foundation for interviews; not all the questions were asked of all interviewees depending on the context, the available time, and the interests and knowledge of the interviewees.)

Core Thematic Questions :

- A. Has sexual violence become more common in this area. (If yes, why)**
- B. What, if any, is the relationship between sexual violence and the transition to peace?**
- C. What are the three most important things that can be done to prevent acts of sexual violence?**
- D. What constitutes justice for acts of sexual violence?**

FOR PARTNER ORGANIZATIONS

1. What is the extent of the sexual and gender-based violence in this area, and what kind of programs are you running?
2. Who is responsible for the acts of violence?
3. What geographic areas do you cover; how many people (roughly) do you serve?
4. What obstacles prevent victims from accessing services? (Distance? Lack of awareness? Childcare? Fear of stigma? Fear for security? Money?) What are your recommendations to address these obstacles.
5. How linked are the services in various sectors? For example, if a woman comes in for medical treatment, will she be directed to counseling, legal services, help with facing her family/community (stigma)? How far away are the different services?
6. Do you have access to local expertise (for medical, HR, judicial...)?
7. To what extent is the NGO capacity-building/umbrella model (and other models) effective for prevention? For coverage in areas outside of the major towns?
8. What coordination mechanisms exist for sharing info and data? (field and/or Kin)
9. What coordination mechanisms link field offices with Kinshasa policymakers?

FOR LOCAL NGOs, HOSPITALS

1. Tell us about the problem of sexual violence. Tell us what you do.
2. In your view, is the problem getting better/worse/the same? (Effect of end of fighting?)
3. What geographic areas do you cover, and how many people can you support?
4. What would you need to improve the services you provide?
5. What obstacles might prevent victims from accessing services? (Distance? Lack of awareness? Childcare? Fear of stigma? Fear for security? Money?) What are your recommendations to address these obstacles?
6. How do people in the community get their information?
7. Are there any safe places where women/girls can go in the communities? What would be needed to create or expand them?

8. How linked are the services in various sectors (medical, legal) – what is it like from the survivor’s point of view to access the different services?
9. How do you think your type of services could best be expanded to other parts of the country?
10. What is the cost of services? Are there systems to pay for survivors unable to pay?
11. How do you think your type of services could be best expanded to other parts of the country?

FOR COMMUNITY MEMBERS

(State purpose/information on what women want and need; agree on confidentiality)

1. Are you aware of problems with the safety and security of women and girls in this community? (during the war? now?)
2. What are the circumstances that cause problems of safety and security of women in this community? (examples?)
3. What has been done here to improve the safety of women and girls?
4. What about specific forms of sexual violence? What practices are considered sexually inappropriate or violent in the community? Can you give an example of sexual abuse in your community?
5. Without mentioning names, who do you think is responsible? How do you know? What happens to the perpetrators?
6. Without mentioning names, which groups of women feel the least safe/most at risk for sexual violence? The most safe?
7. Has the problem of sexual violence gotten better, worse or stayed the same in the past six months? If there has been a change, what caused it?
8. Do women look for help when they experience sexual violence? Do they tell anyone (family, other women, health workers, clergy, police/authorities, other?)
9. Are there any safe places where women can go? What would be needed to create a safe place?
10. Before the war, to what extent did sexual violence occur? Where would women get help if they were raped?
11. What are the community responses when violence occurs? What is done to prevent violence? How could these efforts be improved?
12. How do people in the community get information?
13. Do women’s support networks exist to help survivors? What social and legal services exist to help address problems associated with violence (health, counseling, police, legal counseling)? Who provides these services? How could they be improved?
14. What is the role of the mwami or local leader for this issue?
15. How can and should community members prevent abuse? Role of religious institutions? Civil authorities/police? NGOs? Other?
16. Are these issues important for men and boys to know about? How to reach them?
17. What do you think should be done to end violence against civilians?
18. Anything to add? Questions for us?

For survivors telling us about an incident: Establish confidentiality. We are NOT seeking them out for this assessment.

1. If you are willing, please tell us what happened.
2. Do you know who was responsible? (if so, how – language, uniforms, weapons?)
3. Have you received any social or medical services? What kind? How could they be improved? How did you hear about the service(s)? How far did you have to travel? What other help would be most important for you?
4. Does your family/community know what happened to you? What would happen if they knew?
5. If you could make a legal complaint, would you want to?
6. What would make your life better for you now?

(Thanks for important input. These are difficult topics. Emphasize confidentiality. Inform how to reach us privately.)

FOR THE ABOVE AND OTHER RESOURCE EXPERTS (as appropriate)

1. What is your view of the scope of the problem? Getting better (more reports)?
2. Given the multidimensional nature of the problem, what interventions do you think are working, and where are there gaps?
 - medical (STD testing, fistula)
 - psychosocial
 - legal (e.g. database for testimony?)
 - stigma issue
 - prevention (education, training, lobbying)
3. What capacity does the judiciary have?
4. What kind of GBV training exists for police, security forces? What kind of sensitization is envisioned for demobilizing troops?
5. What role does/can religion play in preventing violence and in sanctioning those who are violent?
6. What can/should community/tribal leaders do to prevent GBV?

FOR OTHER DONORS

In addition to ascertaining views of scope of the problem and lessons learned, ask about coordination, complementarity.

Annex B

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Places Visited:

Team South

Bukavu
Walungu
Uvira
Shabunda
Kindu
Punia

Team North

Goma
Rutshuru
Beni
Bafwasende
Bunia