

Hearing in the Danish Parliament

Wednesday, January 30, at 9.30-12.30 pm

Landsting Hall at Christiansborg

Taking stock of GBV and SGBV in conflicts in DRC

Mr President

Excellencies, Ladies and Gentlemen

I would like to thank the organizing committee and honorable members of this august Assembly for the time and the slot offered to me to speak about SGBV in the Democratic Republic of Congo and contributions of the United Nations Population Fund to reduce the suffering, touch, transform and save women's and adolescent girls in DRC.

My name is Sennen Hounton, I am the Resident Representative of the United Nations Population Fund since December 2017.

Ladies and Gentlemen, 10 days after I presented my credentials, I went on a tour of all our UNFPA operations in the field including in the humanitarian hubs. It was during these field visits that I met the legendary Denis Mukwege. I did not know I was meeting the future Nobel Peace Prize, - **I would have taken more pictures** - but I could sense immediately I was in front of someone very special. Being a physician myself and having worked in remote areas and doing surgeries with little it is not the medical miracles that impressed me. It is not his punctuality, or welcoming charm that impressed me. No, what impressed me are the humanity, the sense of duty, the commitment despite several assassination attempts, the energy to keep going, to keep fighting for women and girls. What impressed me is the holistic approach developed for survivors (Foundation Panzi), the patience amid the price to pay (himself, his family and his team). We all have seen horrors, we know or have learned about about child marriage, gender based violence in all countries, **how do you process a six months old baby raped by adults?, how do you process the destruction of women and girls genital after rapes with knives, woods, bayonet as weapon of war? How do you process that?** These are some of the atrocities women and girls face in conflicts affected areas on top of a prevailing GBV

Mr President,

Excellencies, Ladies and Gentlemen

The Democratic Republic of the Congo (DRC) is the size of Western Europe, one of the richest countries in the world (in natural resources, mines, oil, land, forest, fertile soil) but which has been in protracted humanitarian crises with acute hotspots for two decades. Crises include military conflicts, inter-communal violence, epidemic outbreaks, natural disasters and refugee influxes from neighboring countries. The population is predominantly poor, with 63 percent living on less than one dollar a day, with fertility rate as high as 8 to children per woman in several provinces. Births by adolescents between 15 to 19 years of age represent 10% of total births, early marriage is high with 43% of women aged 25 – 49 married by the age of 18, sexual violence has been experienced by one women aged more than 15 over 4 and intimate partner violence in Congolese society can touch up to 52% of women at reproductive age. In the DRC, girls face all kinds of economic and cultural pressures that push them into early sexuality and 64% of adolescent girls undergo forced sexual initiation or have had their first sexual encounter in a non-consensual manner. But it is women aged 20-29 who are the most frequently abused. Indeed, 46% of women in union experienced physical violence and beating from their partner.

This overall underline picture is similar to what we observe in many sub Saharan African countries and in many parts of the world where the status of women is very low.

This is why, we at the **United Nations Population Fund**, are deeply appreciative and thankful to Canada, many Nordic Countries including Denmark, and the European Union for the support we receive for SRH, gender equality, women empowerment both at global level as well as at country level such as in DRC. **So what have we been doing?**

Mr President, Excellencies, Ladies and Gentlemen

For the last 10 years the picture and status of women has improved a lot in DRC, thanks to a coalition of will, thanks to people like Dr Denis Mukwege and many women advocates and champions, thanks to donors like you and organizations such as UNFPA, UNICEF, the peace keeping mission (MONUSCO) and international NGOs such as Oxfam, MSF, Save the Children...some of the progresses include:

**I would like to talk briefly about Prevention,
Response and Coordination**

Prevention

- 1. Breaking the silence on GBV:** In 2003, UNFPA supported the Congolese women and later Panzi Hospital to break the silence on GBV advocating to the international community that sexual violence is as a major violation of human rights. The Government has prosecuted high level officials (Generals, Gouvernors, Mayors, etc.) convicted of rapes on minors as a deterrent to impunity in armed forces
- 2. Establishing protection mechanisms such as special unit in the Police for women and child protection:** which allow early reporting of incidents, increased engagement of stakeholders, large advocacy and better self-protection. This has been possible with multilevel and multi-dimensional partnership with communities, national authorities, civil society, peacekeeping missions and humanitarian organizations.
- 3. Behavior change communication campaigns:** organized by the government and civil society to end GBV, amplifying these initiatives and applying grassroots strategies in its areas of intervention; using social media, male engagement and work with national security entities,
- 4. High level advocacy led to adopting of many protection laws in the Parliament:** In 2006 Law against Sexual Violence promulgated; in 2015 Law on Women Rights; in 2016 a new family code adopted; in 2009 the government adopted a National Strategy on Gender Based Violence; and in 2015 a National Action Plans on Early Marriage (2015) and National Plan on Sexual Violence with the National Army (2015) and Police (2015).
- 5. Lastly, UNFPA supports the Office of Personal Representative of Head of State on Conflict-Related Sexual Violence and Child Soldier for policy dialogue, advocacy for fighting against impunity and to monitor the engagements of the Army and the Police. This has worked with the delisting of DRC in the use of children as militias and we hope the same with GBV**

Response

If we have made significant progress with prevention, the response is very timid given lack of adequate resources and we need more Government leadership in humanitarian preparedness and response, capacity building of civil society & local NGOs, more « One-Stop-Centers » as holistic response model, and health commodities (dignity kits, emergency reproductive health kits)

1. In 2018, more than 26,000 cases of sexual violence accessed medical services with support of UNFPA and others partners. In humanitarian settings, UNFPA provide also women-friendly spaces that are safe spaces where women can organize various psychosocial and advocacy activities, including individual and collective counselling.
2. UNFPA support capacity building of service providers to provide medical care, psycho social support, legal assistance and reintegration. The Integrated multi sectorial services approach developed by Panzi Hospital has been scale up with support of UNFPA in 4 provinces of the country. UNFPA support the health system in providing post rape kits for medical assistance
3. According to the DRC's humanitarian response plan (2017-2019), for 2019 out of a population of 12 million in need, 4,768,400 women and girls are at risk of multiple forms of GBV, of whom 60,000 are at risk of sexual violence. According to the National Health Information System (SNIS), in 2018, some 26,418 new incidents of rape have been treated in the health facilities of the provinces affected by the humanitarian crisis.
4. We work closely with UNDP, UNICEF and other partners to provide a holistic response. We have launched a multi-donor impact evaluation of GBV programming in DRC since 2005 that will inform the revision of the new National GBV Strategy following the evaluation

Coordination and leadership

1. GBV Sub Cluster: As a **full member of the IASC (Inter-Agency Standing Committee)** and lead agency for the coordination of GBV in humanitarian setting within the Protection Cluster as such **UNFPA leads in DRC the GBV sub cluster** decentralized in 7 provinces affected by crisis and composed of approximately by 45 members that represent civil society, UN, Government and the international NGO.
2. **Humanitarian Country team with a dedicated programme on protection against sexual exploitation and abuses (PSEA) and accountability to affected populations (AAP)** led by UNFPA with the humanitarian community.

3. **Sexual Exploitation and Abuse (SEA) Task Force for victims assistance co-led** with the United Nations peace keeping mission (MONUSCO) and UNICEF for services to GBV survivors.
4. **National Database for GBV:** established by the Ministry of Gender with support of UNFPA since 2010. UNFPA is now modernizing the database in partnership with a telephone company, Vodacom, to have timely data while keeping the highest standards of ethic in working with survivors. UNFPA is the reference for government on data for accountability (National GBV Database).
5. Donor conference in Geneva in April 2018 for the humanitarian response in DRC, UNFPA has pledged for 68.2 M of USD for GBV response in humanitarian hotspot. Preliminary analysis shows than approximately 36% of the requested amount has been dedicated to GBV response

Closing statement

Mr President, Excellencies, Ladies and Gentlemen

1. As I close, I would like you to take a look at the girl on the front page flyer we shared with you. *Her name is MWAMINI BANYERE. She is only 19 years old, an orphan by father, is a mother of two children (one the Children is attending primary school, and a toddler) but not in union. She is living with her mother and is the bread winner of her family. At 19, girls should be thinking or attending University. Her rights have been violated, she was not a victim of SGBV in conflicts but a GBV survivor. With our support through one of our projects in Kitchanga, Nord Kivu she is now rebuilding her life. The smile on MWAMINI's face, the smile of all survivors of GBV or SGBV is our objective.* With your tax-payers contribution we will be able to bring this smile on the face of thousands of girls and women and share the results with you. [I can also direct the audience to the last page of the flyer and say something like I am sure we will see very soon the Denmark flag listed next to all our UNFPA contributors through co-financing in DRC if you think appropriate]
2. I would like to finish by thanking you again for your attention and the opportunity to share with you the situation of GBV and SGBV in DRC and the role and contribution of the United Nations Population Fund, the lead UN agency for prevention and response to GBV and SGBV in conflicts as illustrated by the 2018 Nobel Peace Prize winners, bot supported by UNFPA.