

Access to Sexual and Reproductive Health Services for Refugees and Internally Displaced Persons in the Democratic Republic of the Congo

Abdullah Zaidi¹

¹McMaster University, Faculty of Health Sciences

Executive Summary

During a post-conflict era, the Democratic Republic of the Congo (DRC) has continued to experience alarmingly high rates of sexual and gender-based violence (SGBV) among refugees and internally displaced persons. Unfortunately, due to political instability and corruption among the armed forces, women and children are subject to various atrocities with few options for escape. Recent studies looked at the efficacy of short-term reactive strategies in response to SGBV and addressing the associated ostracism, social stigma, physical and psychological trauma.

Introduction

The Democratic Republic of the Congo (DRC) has continuously been ravaged by conflict since the first civil war in the early 1990s [1,2]. Despite the wars having come to an end, a major humanitarian problem triggered by gender inequalities and systemic violence is sexual and gender-based violence (SGBV), encompassing brutalities including rape, intimate partner violence and sexual exploitation [1-8]. Due to political and social unrest in DRC, one of the most vulnerable groups subject to these atrocities are refugees and internally displaced persons [2,3].

Although studies described difficulties in recording exact numbers of instances due to systematic instability and stigma surrounding SGBV, the United Nations Population Fund (UNFPA) reported an average of about 8000 cases of sexual violence occurring yearly in

Eastern DRC [1-3,6]. As refugees separated from their families, women and children have faced greater incidences of SGBV, through coercion, in exchange for food, sanitary products and basic means of survival [2,3,6].

"I took refuge in a camp for displaced people where I was raped by three armed men...The physical and psychological pain was immense."

- refugee victim in DRC [4]

Following instances of SGBV, individuals are subject to numerous aftermaths including sexually transmitted infections, unintended/unwanted pregnancies, psychological trauma, and ostracism from spouses and family. As such, access to sexual and reproductive health (SRH) services such as menstrual health and hygiene, safe abortion care and care for sexually transmitted infections is crucial for the physical and psychological health of forcibly displaced women, children and even men [1-3,6-8].

Approach and Results

A study by Lugova et al. (2020) examined the efficacy of current strategies adopted by the government to tackle issues of SGBV in DRC. Past efforts and laws functioned to officially criminalise acts of sexual violence, ensure protection of victims through protection programmes and increase accessibility to the justice system through mobile courts in rural areas [1]. However, these attempts were unsuccessful and there were no reported

significant improvements in holding individuals accountable through the justice system [1]. One of the latest attempts to address the SGBV in an efficacious manner was through the implementation of the 2009 comprehensive strategy for UN Action on Sexual Violence in Conflict [1,2]. Through multilateral funds, this strategy employed national authorities to help combat impunity, prevent and protect against SGBV, bolster security sectors, and provide multi-sectoral assistance for survivors of sexual violence [1,2]. On the international level, the United Nations Security Council Resolution aimed to prioritize the protection of civilians and fight against impunity through raising international awareness and holding the Congolese army and officials accountable for their actions [1].

Regarding results, the recent international efforts were successful in bringing high ranking army officials to justice for their crimes involving SGBV [1,2]. Moreover, the United Nations High Commissioner for Refugees (UNHCR) has collaborated with other humanitarian organizations to address SGBV through the development of community centres providing cases identification and support services [1,2]. On the contrary, similar to previous unsuccessful efforts, the UN Action on Sexual Violence in Conflict strategy encountered obstacles on the national level due to lack of policy implementation by the government and consistently high levels of political instability [1,2].

“Our staff have heard horrific testimonies of extreme violence. Forcibly displaced persons have accused armed groups of carrying out mass rape as women attempt to flee their homes. Some women and girls have been abducted and used as sex slaves by armed group members.”

– UNHCR worker [5]

Conclusion

Overall, it was found that although policies were put in place to provide SRH services to address the SGBV experienced by refugees and internally displaced persons, they were not significantly effective in mitigating the various associated adversities. A point of interest is the failure and lack of effort from the Congolese government in implementing policies to protect its citizens. Evidently, the Congolese government has been the largest stakeholder hindering the progress of any strategies presented in both a national and international context. Governmental support was critical in several ways, as survivors looked to obtain justice through community mediation without proper legal enforcement [1,2,4,6]. Moreover, based on current policies it seems many strategies are focused on responding to outcomes of SGBV, as opposed to developing prevention strategies.

Implications and Recommendations

Due to the major role played by the Congolese government and international organizations, many of the implications and recommendations involve participation and commitment from these stakeholders. It seems the government continues to suppress SRH services and maintain political unrest, allowing army and political officials to continue corrupt actions including SGBV and illegal mining activities for personal gain [1,2]. Regarding implications, if the Congolese government continues to permit these detrimental activities the constant political instability will prevent international support from reaching DRC [2,4]. Moreover, the short-term reactive nature of the present SRH strategies will only aid in alleviating consequences of SGBV rather than prevention [1,2]. As such, it is critical to implement future SRH recommendations that tackle SGBV in a preventative manner on local, national and international levels.

To increase sustainability and efficacy of access towards SRH services and ensure the mitigation of SGBV towards refugees and internally displaced persons, the following measures are recommended.

1. Combat stigmatization whilst empowering women [2,4,7,8]

At the local level, community members must provide safe spaces for those affected by SGBV and increase education of women, children and men. At the national and international levels, the government must increase outreach activities to confront SGBV in communities, proper utilization of World Bank investments to the education sector and address increased external pressure in stabilizing political unrest. These efforts are expected to limit the ostracism experienced by SGBV survivors and empower women to take control of their lives [2,4,7,8].

2. Strict adherence to judicial processes and legal guidelines [2,4,7,8]

At the local level, communities must limit unofficial community mediation of incidents and improve upon evaluation and referral procedures. At the national and international levels, governments must increase reforming police/judicial systems. These efforts are expected to increase the appeal of legal procedures and improve international relations to increase funding [2,4,7,8].

3. Equitable access to SRH services/resources [2,3,7,8]

At the local level, communities must create safe and inclusive environments and implement co-design practices in developing effective SRH services. At the national and international levels, government funded SRH services must be offered in more areas

through cost-effective methods and help alleviate gender health inequities. These efforts are expected to develop cheaper and effective methods that improve relations in response to delivering improved resources/services [2,3,7,8].

References

1. ITUC. (2011). Violence In DRC - International Trade Union Confederation. Retrieved April 13, 2023, from https://www.ituc-csi.org/IMG/pdf/ituc_violence_rdc_eng_lr.pdf.pdf
2. Lugova, H., Samad, N., & Haque, M. (2020, December 9). Sexual and gender-based violence among refugees and internally Displac: RMHP. Risk Management and Healthcare Policy. Retrieved April 13, 2023, from <https://www.dovepress.com/sexual-and-gender-based-violence-among-refugees-and-internally-displac-peer-reviewed-fulltext-article-RMHP>
3. UNICEF. (2021). Up to 75,000 people living in a remote camp in eastern DRC facing 'hellish conditions'. UNICEF. Retrieved April 13, 2023, from <https://www.unicef.org/press-releases/75000-people-living-remote-camp-eastern-drc-facing-hellish-conditions>
4. ReliefWeb. (2012, October 26). Fighting sexual violence in the Democratic Republic of Congo - Democratic Republic of the Congo. ReliefWeb. Retrieved April 13, 2023, from <https://reliefweb.int/report/democratic-republic-congo/fighting-sexual-violence-democratic-republic-congo>
5. United Nations High Commissioner for Refugees. (2021). UNHCR gravely concerned about systematic sexual violence in DR Congo's Tanganyika Province. UNHCR. Retrieved April 13, 2023, from <https://www.unhcr.org/news/briefing/2021/8/611618344/unhcr-gravely-concerned-systematic-sexual-violence-dr-congos-tanganyika.html>
6. Centers for Disease Control and Prevention. (2021, March 16). Congolese Refugee Health Profile. Centers for Disease Control and Prevention. Retrieved April 13, 2023, from <https://www.cdc.gov/immigrantrefugeehealth/profiles/congolese/index.html#reproductive-health>
7. World Health Organization. (2020). Improving sexual and reproductive health services among refugees and internally displaced people. World Health Organization. Retrieved April 13, 2023, from

<https://healthcluster.who.int/newsroom/news/item/07-10-2020-improving-sexual-and-reproductive-health-services-among-refugees-and-internally-displaced-people>

8. Steven, V. J., Deitch, J., Dumas, E. F., Gallagher, M. C., Nzau, J., Paluku, A., & Casey, S. E. (2019, July 8). "provide care for everyone please": Engaging community leaders as sexual and reproductive health advocates in north and South Kivu, Democratic Republic of the Congo - reproductive health. BioMed Central. Retrieved April 13, 2023, from <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-019-0764-z>