Provide support to girls and women victims of rape in humanitarian situation

The surgical team of the Kisheiro General Hospital is at shock as the little Carine (proxy name to ensure anonymity), an 8 years old rape survivor girl suspended care and ran away from the medical facility with the complicity of her aunt who prefers to manage the rape case within family than to expose her uncle to justice. At the end of the vaginal reconstructive surgery, her family did not wait for the end of the care for fear she would be forced to bring a lawsuit against her uncle that she admitted to having assaulted her.

Unlike Carine, Anne (another girl whose name has been changed for the story to ensure anonymity) reached a UNFPA supported health facility with her mum, somewhere in the Ituri province. Welcomed by a nurse she could barely talk about her story. She difficultly guided the care-giver across the pain in her body, consequences of a brutal rape. She was blocked and extremely scared, fearing reprisal by her attackers. It took a long time to the social worker to gain her confidence and help her in finding her way. Unfortunately, there are thousands of Carine and Anne in post-conflict areas of the Democratic republic of Congo where UNFPA embarked in training of judicial officers, members of civil society and medical personnel to prevent and provide protection and tailored medical, psychosocial, legal and reintegration services to GBV survivors.

Today, Anne is still in displacement with her mum, sleeping in an Internally Displaced (IDP) Camp in Bunia. It is not safe at all for them to come back home, but they have now a safe temporary shelter. Anne shares a children playground, laughs and smiles and can eventually resume school if displacement lasts. Anne and her mum didn’t miss the opportunities offered by UNFPA to restart their life, while temporarily.

Anne benefited from the UNFPA activities to respond to gender based violence and reproductive health needs funded by the United Nations Central Emergency Response Fund (CERF). Under this Underfunded Window allocated to UNFPA, reproductive health and GBV services will be provided to 70,000 people in total and 600,000 more will be sensitized on prevention measures. This intervention will ensure 19,000 safe deliveries, access to modern contraception to 17,000 women and multi-sectoral cares to 3,954 survivors of violence in hotshots in six provinces of DRC in Ituri, North Kivu, South Kivu, Kasai Central, Kasai and Tanganika.

However thousands other GBV survivors are left behind because of lack of resources and security constraints.
GLoria, the pink blouse soldier of the UNFPA

Despite the Nyiragongo territory most difficult humanitarian crises and situations, Gloria NGONGO CIHANDA is dedicated at saving lives at all cost. The young MIDWIFE left friends and family in Kinshasa, the capital city of DRC for a temporary appointment in the North Kivu. She tries as much as possible to commit to the UNFPA philosophy of leaving no one behind defying the activities of rebel groups that are swarming in the surrounding mountains, volcanic eruption threats and Ebola outbreak in the area. For the past four months, she share her time with tree healthcare centers delivering mobile service of sexual and reproductive health services in three health facilities in the territory of North Kivu province.

Affectionately called Yaya Gloria by the patients, she is recognizable not only by her pink blouse which distinguishes her behind the taxi motorbike which transports her through forests to her three healthcare centers.

Gloria is part of a midwifery promotion used by UNFPA to facilitate deliveries, family planning, contraception and the Prevention of GBV, HIV AIDS and STIs in 16 health district of the Democratic Republic of Congo where there is an urgent need of qualified personnel to address emergencies and humanitarians responses. Their nine month contract lasts by end of this very year but many are the health zones advocating for an extension to enable beneficiary communities to continue access to quality healthcares in rural areas, postconflict settlements and precarious IDP camps.

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In the KALOLE health zone, 360 km from Bukavu in South Kivu, Ms Estelle BAHATI, when she is not in a health center to assist with childbirths and counseling on family planning, devotes her time on awareness-raising sessions for girls on family planning, contraception and the consequences of early pregnancy, and helping women and girls exercise rights and choice.

UNFPA DRC has since supported the integration of the MISP module into the midwifery school training curricula, which is a nexus investment that will make midwives fit for purposes in humanitarian settings.