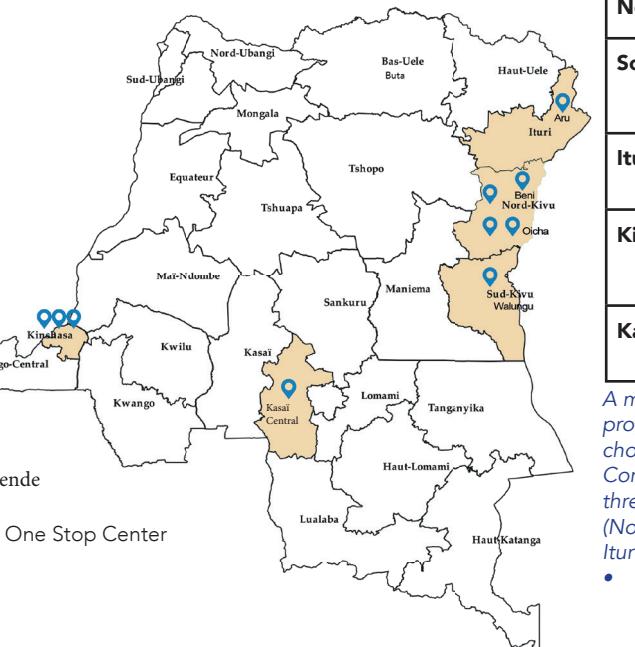




Areas of intervention



Life story

A mother of 11-year-old survivor narrates her daughter's rape story: « My daughter was on vacation and stayed at her grandmother's house. One day she went out to buy candy in the neighbourhood. On her way back, she met a man in a building under construction who asked her to buy him water. Upon return, the man dragged her into the building and raped her. During the process the man strangled her till she lost consciousness. Assuming the little girl was dead, the man ran away. When the survivor regained consciousness, she managed to help herself to move into the gate where a neighbour saw her and took her to her grandmother's house. The Survivor's mother took the girl to a nearby medical center and then she was referred to Kintambo General Hospital, in Kinshasa, which is an integrated multi-sectoral services center. The survivor received free of charge medical and psychosocial care for 3 months. After the recovery, she asked her parents to share her experiences with her school principal so that other children can be sensitized and well protected. The mother is grateful to the care providers and partners who supported these activities and calls for strengthening of prevention activities and awareness-raising on services available. »

The "JAD" program is a 5 year (2018-2022) joint United Nations intervention funded by Canada and implemented by the United Nations Development Program (UNDP), the United Nations Joint Human Rights Office (UNJHRO) and the United Nations Population Funds (UNFPA), under the aegis of the Ministry of Gender, Child and Family in the Democratic Republic of Congo (DRC).



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Empowered lives
Resilient nations



**JOINT UNITED NATIONS PROGRAM TO
END GENDER-BASED VIOLENCE: JUSTICE,
EMPOWERMENT AND DIGNITY (JAD) OF
WOMEN AND GIRLS IN THE DEMOCRATIC
REPUBLIC OF CONGO**





Objectives

The joint program aims to contribute to the prevention of gender-based violence (GBV) in the DRC through the adoption of sociocultural attitudes and norms that respect gender equality and the provision of quality and holistic care to survivors. The programme strengthens coordination at national level with a view to ensuring government and community ownership and accountability.

More precisely, JAD wants to:

- **Support the engagement of men, women and young people as well as communities in adopting social and cultural attitudes and norms that respect gender equality and contribute to the elimination of GBV;**
- **Strengthen the fortitude and resilience of survivors of GBV, their families, communities and caregivers, on one side through specialized services in « integrated centers of multi-sectoral services» (One Stop Centers/CISM) and in decentralized health structures and on the other side through early warning networks in communities for referral and response to GBV;**
- **Strengthen the effectiveness of national coordination to enable actors involved in the elimination of GBV to put in place effective prevention and response strategies**

The JAD is developed with a **feminist strategy** on prevention and response to gender based violence.

Overview of outcomes and strategies: GBV Prevention

In implementing the National Strategy for Behavior Change Communication on GBV adopted in the previous phase of joint UN programme, JAD prioritizes the transformation of social norms, the strengthening of community prevention and the empowerment of women and girls and the **women-led organizations**. In transforming social norms, JAD does not limit itself in disseminating legal instruments for the promotion of women rights (Security Council Resolutions 1325, 1820, 1960, CEDAW, Beijing, Universal Periodic Review, etc.) but it also invests in leaders' engagement at community level and on **positive masculinity** for the promotion of gender equality. JAD envisions empowered women-led organizations, women and girls in communities and survivors to become change agents and champions. **Early warning and community networks** enable to: refer survivors to specialised services in a timely manner, disseminate information on service delivery, identify protection strategies and advocate for changes at grassroots level.

This substantially reduces stigma and rejection of GBV survivors and build communities resilient to gender-based violence. After 2 years of project implementation, **13,256 persons** have been **sensitized** during campaigns to end GBV through use of new technology, social networks, mobile movie projection. In 2018, 70 traditional leaders and 130 more among religious and political leaders met in Kananga to discuss positive masculinity. During **this forum** leaders signed pledges to promote changes of social norms on gender in their communities. As accountability strategy, each community put in place a «cel» to monitor the changes of behaviour and attitudes of the leaders in their respective families. Lastly, 7 community mechanisms were created in new areas of intervention in Central Kasai and Kinshasa.

Overview of outcomes and strategies: Survivor-centered and multisectoral services

In its component on service provision, JAD aims to offer holistic case management to ensure that GBV survivors are empowered and to build resilience. To do so the programme wants to scale-up the “one-shop” model to GBV survivors where a survivor can find in one place all the services she needs (clinical management of rape and other medical services, psychosocial cares, legal support and socio-economic reintegration). In addition, JAD supports integrated medical and psychosocial services in decentralized medical structures and in women friendly spaces to ensure proximity to survivors.

Medical care

- 10 integrated centers of multisectoral services are operational: 4 in North Kivu (Goma ,Beni and Oicha), 1 in Ituri (Aru), 1 in South Kivu (Walungu), 1 in Kasai Central (Kananga) and 3 in Kinshasa
- Provision of post-rape kits to 23 facilities and other essential Reproductive health drugs and dignity kits,

From October 2018 to June 2019, 3,361 out of 5,500 GBV survivors were medically supported ; 29.3% of sexual violence survivors received medical and psychosocial care within 72 hours

Psychosocial support and Case management

- «Case management» is the main strategy for holistic care for survivors and its pillar is on psychosocial support.
- Psychosocial care to survivors and their families are safe and accessible, and includes specific counselling for child survivors, their care-givers, women pregnant as consequence of a rape.
- Group and individual therapy and social assistant in communities.

From October 2018 to June 2019, 3,271 GBV survivors were supported with psychosocial services out of planned 6,400.

Legal support

Since October 2018 to June 2019, 1,433 survivors of GBV were accompanied in court which is very close to the annual target of 1,570. Around 365 judgements were given out of 942 cases brought to court and 216 perpetrators convinced, 83 judgments of guilty 12 decisions not to take action.

Socio-economic reintegration

From October 2018 to June 2019, 1,140 survivors benefited from socioeconomic reintegration and / or school reintegration out of 2,570 planned, and NGO partners ensure follow up of the education of 299 minors.

Overview of outcomes and strategies: Coordination, Data Collection and Information Management

In supporting GBV coordination, JAD has prioritized the data collection and information management as well as key interventions such as support to the process of revision of the **National GBV Strategy**, which is scheduled for late 2019 and the operationalisation of decentralised coordination.

From October 2018 to June 2019, 14 national, regional and provincial GBV coordination mechanisms have been equipped with computer or office supplies. Promoting innovation, the JAD supported the **modernization of the national GBV database**, developing complementary tools in 12 provinces. The GBV data collection application has the added value to provide data online without going constantly through the internet. This is made possible by the technology based on the “APN” and an Android application available on tablet. With network coverage guaranteed by a Telecom Operator. The new GBV Database has increased capacity and functionality for internal use (additional compartments, multiple functions of crossing of variables, production of indicators) but also for external consultation, while keeping high level of data protection. Even if it is not yet populated by many data it is fully operational since the second quarter of 2019 (<http://vbg-mingenrerdc.org>)