



Brief on CARE Rapid Gender Analysis Democratic Republic of Congo (DRC)

In the Democratic Republic of Congo (DRC), the number of Internally Displaced People (IDP) has increased, evolved, and remained dynamic, resulting from the conflict between the armed combatants (militia) and the government forces in the province of North Kivu. This conflict has adversely impacted the territories of Rutshuru, Nyiragongo, and Masisi. By December 2022, at least 530,190 persons have been displaced since the fighting began, including at least 318,114 women and girls. To understand the distinct, different, diverse needs, capacities, and coping strategies of women, girls, boys, and men impacted by displacement and to design and implement a response accordingly, CARE International DRC has conducted a [Rapid Gender Analysis \(RGA\)](#). The RGA has been conducted in the displacement camps of Nyiragongo Health Zone, Kanyaruchinya, Munigi, and Mudja camps from December 2022 to January 2023 using Focus Group Discussions, Individual and Key Informant Interviews with the affected population.

Key findings

- **Traditional gender roles are changing:** As a result of displacement in DRC, women's roles and responsibilities are expanding as women take up some of the roles traditionally performed by men, including managing health, education, and providing food and financial resources for the family. Women constitute 60% of the IDP population and are often heads of households because of family separations.
- **Women face challenges in participation in decision-making:** The number of women sitting on decision-making bodies at the community level has increased. However, men still outnumber women in participation, and most camp leaders are men. Women have limited to no influence over the groups and decision-making in these spaces. At the household level, men still have control over livelihood, financial resources and assets, displacement, and the use of humanitarian aid-related decisions.
- **Lack of access to food, safe water, and sanitation facilities:** Access to food remains very difficult for all IDPs. 26.4 million Congolese (26% of the total analyzed population) is projected to face severe acute food insecurity between January and June 2023. This increases the number of cases of malnutrition among pregnant women and children compared to the situation before the crisis. According to the analysis of the humanitarian situation report in Nyiragongo, malnutrition cases have increased by 65.6% compared to the situation in November 2023. The lack of access to food has led to harmful coping

strategies such as taking trips to faraway places in search of food, increasing safety and protection risks, begging, and engaging in survival sex practices. Some sites do not have full WASH coverage, and some households do not have safe pathways for fetching water.

- **Lack of access to healthcare services, including Sexual and Reproductive Health services:** Limited access to clean water, hygiene, and sanitation facilities has exposed IDPs to waterborne diseases. Over 1,000 cholera cases were reported in one week in the Kanyaruchinya camp in North Kivu in December 2022. Pregnant and lactating women and other vulnerable groups such as adolescents, the elderly, differently-abled people, and HIV patients continue to experience barriers to access to healthcare facilities. The service centers' locations and hours of operation are often inconvenient for women, as the clinics are far away from their houses, and there is a lack of transportation. These factors lead to adverse health-seeking behaviors by women and adolescents.
- **Women are at significant risk of Gender Based Violence (GBV), safety, and protection:** Living in the fragile shelters near the military and FDLR militia camps, lack of fencing, needing to stand in long lines to collect water, needing to go to faraway fields for collecting food and firewoods, needing to go to bushes to relieve themselves expose women to the risks of GBV. Domestic violence has also been an increasing concern as household tensions and instability continue. Children in IDP sites also face severe safety and protection risks while their parents are away collecting food, water, or firewood. Most cases of GBV remain unreported due to the fear of stigmatization, exclusion, retaliation, rejection, and a culture of impunity.

Recommendations

- **Enhanced and impactful community participation and local collaboration related:**

Ensure an open line of communication is maintained between the affected populations and humanitarian agencies to strengthen the interagency complaints, feedback mechanisms, and accountability systems.

Strengthen collaboration with local organizations, including women lead/headed community-based organizations during the response, to ensure widened reach and increased participation of women and other marginalized and vulnerable groups. **Increase the number of community protection committees** in collaboration with the displaced population, ensuring gender parity in these committees. **Advocate for including women, women's groups** (such as VSLAs), religious groups, and vulnerable groups in peacebuilding and conflict resolution structures at the community level to ensure that their voices are elevated, and their needs are considered in the response and advocate for including **Women's Rights Organizations (WRO) in the peace negotiation process** to ensure that women's voices inform and contribute to conflict resolution and that marginalized groups benefit from the process.

- **Gender assessment and integration and GBV services assurance related:**

Confirm that gender is integrated into joint and sectoral assessments to capture differential needs and disaggregate data by sex and age (SADD). **Conduct a participatory gender assessment**, as part of the emergency preparedness planning, with direct input from affected communities. This needs to be updated quarterly to capture and address emerging issues. **Have all sectors identify GBV risks and integrate GBV risk mitigation as standard practice for all programs**, e.g., consult women and girls on their protection risks; include female staff as part of the response teams; identify the time and place of services and assistance based on women's and men's daily activities. **Perform regular safety audits** in displacement sites and disseminate findings to relevant sectors and humanitarian agencies. **Advocate ensuring all essential services (food, safe water, sanitation, health, PSS, GBV) and improve the provision of GBV services**, including psycho-social support for the affected communities. Conduct community gender dialogues with men and women around evolving household responsibilities, decision-making, control of resources, stressors, and coping mechanisms, focusing on behavior change to transform harmful social norms and practices. At the same time, take action to make the perpetrators of violence held accountable.