

Democratic Republic of Congo (DRC)



Solidarité Syndicale des Infirmiers du Congo (SOLSICO): The DRC is a conflict zone. In the midst of the conflict, the union has grown and now has over 17,000 members, in 12 of the country's 26 provinces. 60% of the members are women and of these, 20% are young women. Since 2011, nurses and other healthcare workers have face increased violence as a result of the military conflict and because of suspicion and traditional views: rape, molestation as well as attacks and murder during vaccination campaigns. SOLSICO reports that between 2011 and the present, over 700 nurses were raped and 188 killed. Poor working conditions in hospitals result in illnesses and death due to infections, [including Ebola](#).



The Democratic Republic of the Congo is in Central Africa; 2.3 million km² in size with a population of 69.6 million. It was originally part of the Congo empire and called the Belgian Congo. The east of the country is replete with many natural resources (thousands of hectares of arable land and forest, water, oil, gas, and minerals (including cobalt, copper, zinc, silver, uranium, gold, tin and diamonds). The country achieved independence in 1960 after years of Belgian colonial rule that included killings and atrocities carried out on a mass scale by agents of King Leopold.

In the early post-independence period, there was internal turmoil in the quasi-dictatorship and in 1971 the country was re-named Zaire. In 1997, Tutsi rebels, with support from Rwanda, Angola and Uganda, captured the capital, Kinshasa and the country was renamed the Democratic Republic of Congo with Laurent-Desire Kabila installed as president. This period is described as the first Congo war. After the war and with large external debt and the foreign backers refusing to leave the country, Kabila faced many obstacles in trying to govern the country and a second war started in 1998. This involved nine African countries, as well as about 20 separate armed groups. The war formally ended in 2003, but skirmishes continued until 2004. Reports estimate that by 2008, 5.4 million had died, as a result of disease and starvation. And another 2 million were displaced and sought asylum in other countries.

These wars, driven by territorial claims, trade in conflict minerals, tribal rivalries and other issues, have set the roots for all forms of violence in the DRC, especially in the mineral rich east of the country where there is almost never-ending conflict. For most Congolese, the

trigger for this was the Rwandan Hutu exile when Hutus were welcomed in the east of the DRC. Today they are laying claim to the land on which they settled; and Congolese view them as intruders and their land claims as a part of the age-old wish of Rwanda to annex eastern Congo, the mineral rich part of the country.

“Today we can say that the DRC is divided into two parts: East and West”, say the Congolese. In the East, the country is ravaged by fighting involving a myriad of militias and the Armed Forces of the DRC (FARDC), who engage in merciless guerilla warfare, punctuated by looting of gold and other mines. And there are also many abuses against the civilian population. These abuses are carried out by both the rebel forces and the poorly-paid and ill-trained government troops.

In the western part of the country the government has better control over the fighting forces. And while there is no direct fighting in the capital, there is a climate of insecurity and instability. For all the Congolese, war is omnipresent and it affects the entire country, causing suspicion among citizens and mistrust of leaders. As long as the east of the country remains in conflict, the entire country will be affected.

Violence is a weapon of war

The Democratic Republic of the Congo (DRC) is characterised by a very high number of rapes and other acts of violence. A panel of experts from the United Nations, who visited DRC in 2010, found that the unprecedented number of cases of rape by fighters of the various armed groups and civilians, is a consequence of the various wars in the country. In general, violence is often perpetrated by fighters from various armed groups, as well as by members of the army and the police in public places, workplaces, churches, anywhere.

Thus rape and physical violence continue to be used as a weapon of war to intimidate local communities and punish civilians for their collaboration - real or perceived - with armed groups or the Congolese national army. Rape is also committed as a crime of opportunity along with murder, physical aggression, abductions and looting, especially in the east of the DRC.

These acts are punishable by Congolese national law and international law. Over the last decade, the Congolese authorities with the help of the international community have, increasingly tried to give priority to the fight against impunity of sexual violence; and other forms of violence are almost overlooked. However, impunity continues to prevail. The revenues generated by the exploitation and trade of minerals are an additional reason – a powerful reason – for the continued conflict. And the bitter fact is that most of the cases of violence are never the subject of investigations or prosecution and few cases are even reported - especially sexual violence. One of the major obstacles is the fact that many victims do not report their cases for fear of reprisals by the alleged perpetrators; and fear of stigmatisation and rejection by their families and communities. Impunity for crimes of sexual violence is further aggravated by other factors, such as the limited efforts of some Congolese authorities to pursue such crimes, the lack of financial, operational and human resources, the inability of the victims to identify the perpetrators, as well as cases of corruption within the judiciary.

Types of violence

The culture of violence is demonstrated in many ways: rapes and other forms of sexual violence against women and children; torture; summary executions; looting; forcing children into the sex trade; and to become child-soldiers. In the face of this violence, with little or no relief, the population is forced to flee. Since the start of the conflict, the number of refugees and displaced persons has grown and continues to grow.

1. Nurses are molested by families and in most cases, by the military who believe that their sick relatives die because nurses were not properly administering the drugs. In some cases, families did not purchase the drugs in time.
2. Nurses are violated in front of their patients without any protection. This is done by the armed men in the conflict areas in the east of the country (especially in Kivu).
3. While doing their jobs, nurses are killed at the hospital by the armed men who believe that those that they are hunting are hiding in the hospital.
4. Some nurses are deported to other villages or to neighbouring countries.
5. During in-house vaccination campaigns, nurses are either molested or killed by parents who believe that the nurses are part of a plan to kill their children.

**Violence against nurses in selected provinces
2011 - 2016**

	Province			Total
	Kinshasa	North Kivu	South Kivu	
Molested	152	370	201	723
Killed	03	150	35	188
Raped	122	400	187	709
Kidnapped	<i>n/a</i>	300	<i>n/a</i>	300

Source: SOLSICO, June 2016

For nurses and other health care workers (HCWs), the workplace may be a clinic, a hospital, a village or town, a home, or while going to or leaving any of these places. *Anaclet SHISSO*, SOLSICO's deputy general secretary, reports that various people commit workplace violence:

- “The parents of the sick who are either civilians or members of the rebel militias or government forces;
- The patients themselves, in some cases those who are mentally ill as a result of the atrocities committed against them;
- Conflicts between doctors and nurses. In a number of cases, doctors give no consideration to nurses at the workplace and this can be manifested in verbal or physical violence;
- Hospital administrators, when challenged, sometimes use threats, warnings, suspension, and even imprisonment in complicity with agents of justice.”

In late 2012 there was a study¹ to investigate workplace violence by patients or their relatives against health care workers (HCWs) in Congolese hospitals. This study involved a sample of 2,210 registered health care workers (989 males and 1,221 females, between 25 and 41 years of age) from 436 hospitals located in the province of Katanga. Katanga is 497,000 km², known for farming and cattle rearing; with a rich mining region to the east, supplying cobalt, copper, tin, radium, uranium, and diamonds. The region's former capital, Lubumbashi, is the second largest city in the Congo.

The researchers developed a questionnaire informed by the guidelines for assessing workplace violence in the health sector jointly released in 2003 by the International Labour Office, the International Council of Nurses, the World Health Organization and Public Services International. Their study found that about 80.1% of health care workers had experienced one or more types of workplace violence. Overall, the severity of workplace violence varied from verbal aggression (57.4%) and harassment (15.2%) to physical violence (7.5%). Patients were the major perpetrators of verbal aggression and harassment, whereas patients' relatives were mainly involved in physical violence. The frequency of workplace violence was similar across hospitals. Male health care workers were more likely to be victims of physical violence, whereas female health care workers were the prime target for harassment. Only 34.3% of the violent episodes were reported to a supervisor. The study concluded that despite the fact that health care workers have traditionally been highly respected in Congolese society, violence against these workers is increasing. The researchers also concluded that the root cause was the collapse of the health care system.

SOLSICO's actions to tackle workplace violence

At the national level, there is no legal provision for managing violence in the workplace. Depending on the nature of cases, and as a result of the actions of trade unions there are commitments made by hospital administrations in the form of memoranda of understanding negotiated by SOLSICO.

- In national law, sexual violence is punishable under the [Congolese Penal Code](#). Under Congolese law, the most important laws in this regard are the laws of 2006 against sexual violence, which provide for imprisonment of five to 20 years for rape.
- Law No. 06/018 of 20 July 2006 amending and supplementing the Decree of January 30, 1940 on the Congolese Penal Code and Law No. 06/19 of 20 July 2006 amending and supplementing the Decree of August 06, 1959 on the Code of Congolese criminal procedure; Section 170 of the Act No. 06/018 of 20 July 2006 amending and supplementing the Decree of 30 January 1940 of the Congolese Criminal Code;
- According to the Congolese Constitution, the Code of Military Justice and the Military Penal Code, military courts have exclusive jurisdiction over all acts of sexual violence committed by the army, the police and armed groups. Although the Military Penal Code does not specifically ban sexual violence, the Congolese Penal Code and laws against sexual abuse apply to all those tried by military courts.

Unfortunately, all these provisions are not respected in the current state of conflict.

¹ [Workplace violence towards Congolese health care workers: A survey of 436 healthcare facilities in Katanga province, Democratic Republic of Congo Basilua Andre Muzembo^{1\) 4\)}, et al](#)

There is no provision in collective agreements. However, the goodwill developed between the health structures and the union allows for the two parties to handle cases of violence in the workplace and to determine responsibilities.

Violence against men and women in the workplace is widespread across the national territory, but there has not been a serious effort to tackle this issue. The various actions taken by unions have highlighted the issue and caused some remedial steps to be taken. Because of the upsurge in acts of violence in the workplace over a number of years, the SOLSICO was able to collate information on the magnitude of the issue. Using the information gathered, the union has embarked on an education and awareness building campaign among its members.

The union holds sessions with members every month to raise awareness on the subject. The SOLSICO has established a process: when a member has experienced violence at work, she informs the Shop Steward who then takes the matter to the management of the institution and the union secretariat. This process provides opportunities to argue the member's case, seeking redress through bargaining and during meetings with management and, if necessary, by taking various forms of industrial action,

Despite the absence of legal texts on violence in the world of work, the labour relations system provides ways for the SOLSICO to denounce and to resolve some cases of violations affecting members in the workplace.

[Decree No. 07/10 of 18 September 2007](#) of the Congolese Government established a framework for social dialogue ([Cadre permanent du dialogue social](#)). But in practice it does not function.

Some successes

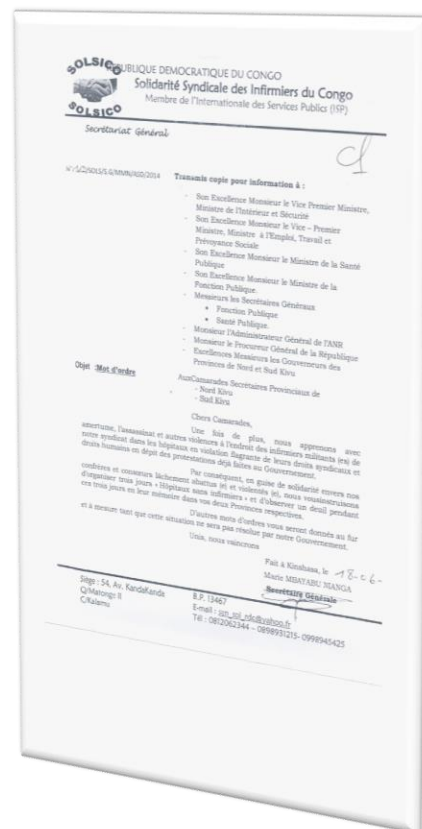
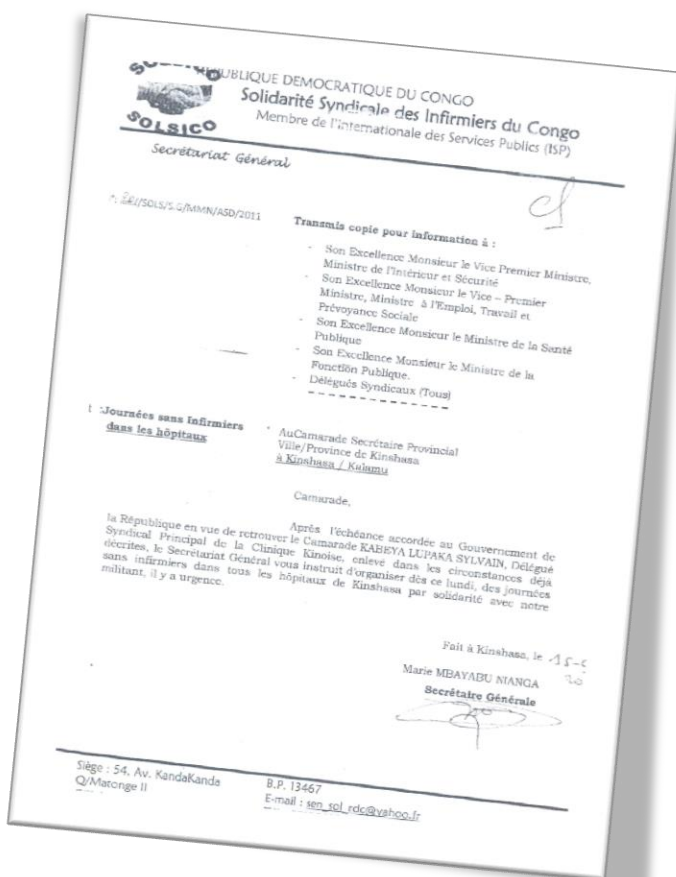
- Following several cases of physical violence committed by military personnel in the General Hospital, there is a ban on armed forces and police from visiting public places with their weapon.
- In another case, following the death of a patient from rabies while at Kinshasa General Hospital a nurse was arrested, sent to the police and was mistreated. SOLSICO investigated the case, held many talks with management, demanding the nurse's release. These efforts were initially unsuccessful. The hospital workers joined in solidarity and held a work stoppage. They overran the police station where the nurse was being kept. These actions secured the worker's release.
- A military officer spat in the face of a nurse who gave a prescription for the officer's sick relative. SOLSICO brought charges against the officer. He was arrested, appeared in court. The officer was sentenced to three months in prison and demoted.

Nous sommes en possession du rapport provenant de nos représentants syndicaux à BENI , BUTEMBO et GOMA sur les assassinats et déportations intempestifs des infirmiers exerçant leurs fonctions dans les hôpitaux et centres de santé dans les zones des conflits armés .Cette situation si elle dure longtemps, ne permettra plus les infirmiers de s'exposer à l'insécurité criante au travail, et nous serons bien obligés de donner un mot d'ordre allant jusqu'à perturber les activités dans les hôpitaux, ce qui aura un impact négatif sur la santé des populations de la contrée déjà meurtries par cette guerre qui n'en finit pas.

Pour éviter tous ces désagréments, nous vous invitons à prendre des mesures sécuritaires particulières en faveur des infirmiers et autres personnels soignants notamment en leur dotant des militaires sur les lieux de travail. C'est de cette manière que les populations malades et accidentés, trouveront leur salut.

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Problems remain

- With the lack of legislation or guidelines, cases of workplace violence continue to increase;
- In some hospitals and clinics, there isn't a good working relationship between the union and the administration and therefore no internal guidelines or protocols;
- Some cases of violence have not been investigated;
- The existence of a number of cases of violence is not supported
- Cases of loss of employment remain unsettled;
- Lack of support for workers who have experienced violence at work;

- There is a lack of motivation (and dwindling confidence) in the union where there has been no redress by management for victims of violence;
- There is a drop in the level of activism through loss of activists;
- Some professional cadres ‘support’ victimisation, discrimination, harassment and violence against women nurses.

In an attempt to turn this situation around, SOLSICO has developed a comprehensive plan to enhance its ability to influence government policy on health and safety issues, especially the issue of workplace violence in the sector.

Quite similar to the Ebola Response Strategy, SOLSICO is building a large network of civil society organisations that support the union’s demands for a strong health care sector where health workers can provide a quality service in good working conditions.

The enabling environment

The Congolese government has ratified the eight core International Labour Organization (ILO) Conventions. The existence of clauses and various decrees regulating labour relations, as well as their application avoids conflicts at work. Where there are violations, SOLSICO and other unions use these clauses and legal instruments to demand that action be taken. Current clauses and decrees do not specifically relate to workplace violence but are used as a basis for the union to seek redress. This system of laws, where present and when applied, contributes to a good social climate in the workplace, increased productivity and performance and the means to provide quality health care services to the population. Where these systems are absent, there is conflict in the workplace and a poor working relationship between workers and the administration.

The Congolese public administration does not work very well. There are many agreements that are signed between trade unions in the health sector and administration, but application and enforcement are problematic.

The revenues from minerals provide the means for conflict actors to sustain the struggle and to make personal profit at the same time. The resulting persistent impunity for sexual and gender-based violence as well as other human rights violations therefore serve to reinforce the violence and insecurity that exists. And where there is a culture of violence in the society, it will obviously show itself in the workplace.

“The role of trade unions is extremely important, not the least within the framework of social dialogue. We can all try to be role models by speaking up against the horrible crime that conflict-related sexual violence is, because only by talking about it openly can we together hope to break what has been called history’s greatest silence.”²

Margot Wallström, United Nations Special Representative of the Secretary-General on Sexual Violence in Conflict

² http://www.ituc-csi.org/IMG/pdf/vs_congo_en_final.pdf

The international community has a key role to play in dealing with the many sides to this issue. Approaching the issue of GBV in the workplace requires co-ordinated and sustained work among trade union organisations as well as action by civil society.

Congolese minerals are used in electronics and other consumer products worldwide. Through pressures by international governments, trade unions, and civil society, some multinational enterprises (MNEs) are now exercising due diligence of their supply chains. And the efforts to formalise the Congolese mining sector and the regional mineral trade are key aspects in creating the necessary environment that would lead to the elimination of GBV in the workplace.

([Video interviews of SOLSICO's](#) activists in health care are available.)