



**LANDSCAPE ANALYSIS OF
THE HUMAN RIGHTS SITUATION OF
LESBIANS, GAY, BISEXUAL, TRANSGENDER,
INTERSEX PEOPLE AND SEX WORKERS IN THE
DEMOCRATIC REPUBLIC OF CONGO**

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Acronyms and abbreviations

ARV	Antiretroviral Treatment
ASWA	African Sex Worker Alliance
CCM	Country Coordination Mechanism
DRC	The Democratic Republic of Congo
FLAI	Francophone LGBTI Advocates Initiative
GDP	Gross Domestic Product
GNI	Gross National Income
HIV/AIDS	Human Immunodeficiency/Acquired Immunodeficiency Syndrome
LGBT	Lesbian, Gay, Bisexual, Transgender
MOPREDS	Mouvement Pour la Promotion du Respect et Egalité des Droits et Santé
MSM	Men who Have Sex with Men
NSWP	Global Network of Sex Worker Projects
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PNMLS	Programme nationale et multisectorielle pour la lutte contre le Sida
PROVIC	Integrated Programme on HIV/AIDS in Congo
PSSP	Progrès Santé Sans Prix
SW	Sex Workers
SJS	Si Jeunesse Savait
SSOLA	Santé, Solidarité et amour, Organisation LGBTI de Kinshasa
STIs	Sexual Transmitted Infections
Trans	Transgender
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
USAID	United States Agency for International Development
USD	United States Dollars

Methodology

This study was conducted in 5 cities in the Democratic Republic of the Congo with focus group discussions held in Kinshasa, Lubumbashi, Goma, Kisangani, Kalemie and Bukavu. In total, 10 focus groups meetings were held with LGBT and sex workers. None of the respondents identified as Intersex.

For the city of Bukavu and Kalemie, data was collected through surveys sent via email as well as telephone interviews complemented by validation meeting between the consultant and the leaders of the organisations. The consultant also met with members of the civil society and journalists in Kinshasa, Goma and Kisangani. A total number of 161 LGBTI and sex workers participated in the survey.

This report was informed by information gathered through focus group discussions, survey questionnaires, interviews (one on one as well as via skype and phone calls) and desk reviews. The findings were validated by 25 representatives of the LGBT and sex worker communities from around the country.

The use of the term LGBT is not intended to hegemonise the unique particularities of each subgroup. This report has attempted to highlight the different particularities for each community. Whilst the use of the term sex worker which owing to reported and observed 'stronger visibility', tends to refer on the most part to female sex workers, this report acknowledges and attempts to articulate the lived realities of male and trans sex workers.

Overall context

The Democratic Republic of Congo (DRC) is a country in Central Africa with about 75 million¹ inhabitants spread over an area of 2,344,858 square meters. It is the second largest country in Africa. DRC shares borders with nine countries: Angola, Burundi, Central African Republic, Republic of Congo, Rwanda, South Sudan, Tanzania and Zambia.

The DRC is a country with semi-federalist regime; a unitary state with a strong devolution. It has 26 provinces that exist as decentralised territories managed by local authorities.² This includes the capital city Kinshasa, which lies west of the country and has nearly 10 million inhabitants.

The DRC has over 200 ethnic groups, the majority being the Bantu³. Less than 40% of the population lives in urban areas⁴.

Background

In 1908, the DRC was officially established as a Belgian colony under the name of the Republic of Congo. The country gained its independence on June 30, 1960, but was slow to stabilise politically and socially. In 1961, the independence hero, Patrice Emery Lumumba was murdered by foreign secret services in complicity with the Congolese authorities⁵. In 1965, Joseph Mobutu took power after a coup, overthrowing the then President, Joseph Kasavubu. He renamed the country the Republic of Zaire. Mobutu remained in power for 32 years. In 1997, Mobutu was ousted in a rebellion led by Laurent Kabila with the support of Rwanda and Uganda⁶. He renamed the country the Democratic Republic of Congo. In 1998, the Kabila regime was challenged by two new rebellions backed by Rwanda in the east and Uganda to the north and northeast. In January 2001, Laurent Kabila was assassinated and his son, Joseph Kabila, was named head of state.

1 Banque Mondiale. 2014. République Démocratique du Congo. Retrieved from <http://www.banquemondiale.org/fr/country/dr>

2 Art. 3 of the Constitution of the Democratic Republic of Congo

3 CIA Library. 2016. Democratic Republic of Congo, retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/cg.html>

4 Ibid

5 Georges Nzongola-Ntalaja. 2011. "Patrice Lumumba: the most important assassination of the 20th century" The Guardian. Retrieved from <http://www.theguardian.com/global-development/poverty-matters/2011/jan/17/patrice-lumumba-50th-anniversary-assassination>

6 William Macpherson. 2012. Rwanda in Congo: Sixteen Years of Intervention. African Argument. Retrieved from <http://africanarguments.org/2012/07/09/rwanda-in-congo-sixteen-years-of-intervention-by-william-macpherson/>.

In October 2002, Joseph Kabila succeeded in negotiating the withdrawal of occupying Rwandan forces from the DRC all the warring parties signed the Pretoria Agreement⁷ and the country was reunified. A transitional government was set up in 2003, followed by a constitutional referendum in December 2005 and the first democratic elections with universal suffrage for presidential, legislative and provincial elections in 2006.

Despite the passing and adoption of a new Constitution, the eastern parts of Congo have been subject to immense violence perpetrated by both the various armed groups and the DRC military soldiers⁸. North Kivu, South Kivu and Bukavu were reported as getting the brunt of the violence, which outside of arbitrary killings have included mass rape and other acts of sexual violence that the government is reported to have done nothing about.⁹

Current political situation

At the time of conducting this study, the DRC was going through a major social and political crisis because of the uncertainty in the organisation of elections in 2016 within the constitutional timeframe. The Constitution of the DRC limits presidential terms to two terms of

5 years each. President Joseph Kabila, in power since 2001, won the presidential elections in 2006 and 2011. The 2016 elections was meant to allow for the transition of power, peacefully, between the first democratically elected president and a new president for a first time in the history of the country. However, following announcements to delay the elections to 2018 and subsequent reports that the President intended to extend his term in office, it evoked public dissent manifesting in various protests around the country and particularly in the capital Kinshasa.

The absence of the electoral calendar and the political will to organise elections raised fears that the failure to meet constitutional deadlines may put the country in a situation of conflict. On 11 May 2016, the Constitutional Court decided that the incumbent president could stay in power if the elections are not held in 2016.¹⁰

For many, it also appears that the opposition is trying to unite against any attempt to postpone the elections and the maintenance of the incumbent President in power beyond the period set by the 2006 constitution. The opposition rejected, in its majority, the call for dialogue launched by President Joseph Kabila.

7 US State Department Archives. 2002. Peace Agreement between the Governments of Rwanda and the Democratic Republic of Congo. <http://2001-2009.state.gov/t/ac/csbm/rd/22637.htm>

8 Human Rights Watch,(2015),World Report pp 187

9 Ibid

10 Thomas Wilson. 2016. Congo Court Says Kabila Must Continue Rule If Election Not Held. Bloomberg Retrieved from <http://www.bloomberg.com/news/articles/2016-05-11/congo-court-says-kabila-must-continue-rule-if-election-not-held-1034p26a>

Opponents of President Kabila's regime and civil society activists have been targeted due to their protests against the delay in the 2016 elections¹¹. The national parliament and provincial assemblies are mostly dominated by the platform supporting President Kabila.

In December 2016, the opposition and existing government reached an agreement to have the elections held before the end of 2017 after which President Kabila is to step down from office.¹²

Despite the innovation in the 2006 Constitution the State still has a long way to go as regards extending and implementing the rights enshrined in the Constitution.

Few politicians speak out about LGBT issues in the DRC and they rarely speak against LGBT people in public. There is a reported form of passive political acceptance of sex workers. In some instances, local authorities like mayors or local police have collaborated with sex workers through the recognition of an ID that is issued to members of sex worker organisations through the *Programme nationale et multisectorielle pour la lutte contre le Sida* (PNMLS). PNMLS is a national health facility that oversees the implementation of the health based national strategies. However this system was

reported as existing only in the capital city, Kinshasa.

This identification card that is issued to sex workers through the organisations that they are in, was reported as a document that has been acknowledged by medical institutions particularly as regards the testing and treatment of HIV and STIs as well as by law enforcement officers when said sex workers are stopped and questioned during their day to day activities.

11 Amnesty International. 2015. Treated Like Criminal, DRC's Race to Silence Dissent in the Run Up to Elections, Retrieve from <https://www.amnesty.org/en/documents/afr62/2917/2015/en/>

12 Aljazeera.(2017) Deal Finalised on Peaceful political transition in DRC retrieved from <http://www.aljazeera.com/news/2016/12/deal-finalised-peaceful-political-transition-drc-161231182050153.html>



LEGAL AND POLICY FRAMEWORKS

"We the Congolese people...Reaffirming our adherence and attachment to the Universal Declaration of Human Rights, the African Charter on Human and Peoples' Rights, the United Nations Conventions on the Rights of the Child and the Rights of Women, particularly to the goal of equal representation of men and women in the institutions of the country, as well as to the international instruments relating to the protection and promotion of human rights..."¹³

The Constitution of DRC that was adopted in 2006 was drafted in language that speaks to the respect of diversity and upholding of human rights. Whilst non-normative sexual orientation, gender identity and sex work may not be explicitly criminalised in Congo, that they are not protected presents a lacuna in the law and exposes LGBTI and sex worker identifying Congolese to all sorts of discrimination, stigma and human rights violations. Further, although the Constitution provides for human rights and non discrimination against Congolese nationals, that sexual orientation and choice of work is not explicitly included as one of the protected grounds sets a precedent for other legislation that then leads to what has ultimately been described as a hostile environment to both LGBTI and sex worker individuals.

This was particularly heightened for residents in Eastern DRC during the periods of conflict. LBQT women and female sex workers were particularly vulnerable to sexual and physical violence from the armed groups on one part and from the military on the second part with little recourse to justice.¹⁴

Furthermore several pieces of legislation in DRC make reference to 'Congolese nationals' which national identity is based on documentation issued by the state. Given that there is no existing legislation that recognises intersex or transgender people then said individuals have limited recourse to attaining the very documents that would inform their access to legislatively provided protection. In order to access documentation gender non-conforming individuals are forced to resort to using their birth certificates (for those that have them) which do not reflect their true genders and consequently their identification documents tend not to be a true representation of their gender identities.

Even though existing laws do not explicitly criminalise either LGBT identities or sex workers, this does not necessarily translate to a reality on the ground. It was reported that oftentimes laws with a vague reference to

¹³ Preamble of the Constitution of the Democratic Republic of Congo available at <http://www.constitutionnet.org/files/DRC%20-%20Congo%20Constitution.pdf>

¹⁴ Supra no.8 pp 189 last accessed on 11th October 2016

'decency' as stipulated in Article 176¹⁵ of the Penal code which penalises 'acts against public decency' by up to 3 years imprisonment and/or a fine. Therefore state and non-state stakeholders tend to apply their own moral judgement in their treatment of LGBT and sex workers in DRC.

"In Kisangani a few years ago, a friend was arrested and taken before the court on charges that he is a homosexual. The judge used article 176 of the penal code as a basis for his judgement and I had to go help my friend pay the fine. The judge did not seem to care that it is not illegal to be gay in DRC."

— Zika, gay man from Kisangani

Another challenge is registration of organisations. It was reported that most LGBT and sex worker organisations do not have legal recognition through registration. This is difficult because the process requires submission of the organisations' mission and objectives and would include mention of LGBT or sex worker advocacy

Because members of these communities are generally unaware of their rights they tend to be subjected to abuse of power in the form of arbitrary search and arrests, extortion and black mail and harassment.

¹⁵ "A person who engages in activities against public decency will be liable to a term of imprisonment of eight days to three years and/or fined twenty-five to one thousand zaires."-Translation of Art 176 Penal Code of the Democratic Republic of Congo a available via http://www.wipo.int/wipolex/en/text.jsp?file_id=194348

LGBT

In the DRC, the law is silent on sexual practices between people of the same sex and there is no explicit law that condemns or protects LGBT people. During the last five years however, efforts have been made by various members of parliament to criminalise same sex sexuality. In 2010, a member of Parliament, Ejiba Yamapia, attempted to gather support in the Kinshasa parliament for a proposed '*Sexual Practices against Nature*' Bill that categorised same sex sexuality as an 'unnatural' and 'immoral' offences¹⁶.

In 2013, another Member of the National Parliament and Chairman of the Workers' Party [an opposition party], Mr. Steve Mbikayi, proposed a similar bill¹⁷ that sought to criminalise same sex sexuality as well as any actions that sought to promote the rights of LGBTI Congolese¹⁸. Despite repeated failures in his initiative, Mr Steve Mbikayi continues to rally religious groups, politicians to support his legislation. Respondents in Kinshasa reported that he often organises campaigns to collect signatures from the general population to rally to his cause.

Although the proposed bills have not been successful to date, the ruling party is non-committal on the possibility of similar bills arising in the future and there remain fears that LGBT issues are used as political capital by politicians to galvanise and build popular support. On May 31st 2016, the Senate passed a law prohibiting the adoption of children by homosexual and transgender couples.¹⁹

In the DRC the legal context is not explicit in terms of LGBT or sex worker issues. The only existing piece of legislation that makes any sort of reference is Law No. 08/011 of 14 July 2008 on protection of rights of people living with and those affected by HIV/AIDS. This law contains a provision that defines sex workers and homosexuals as high-risk groups. Article 2 (5) provides that, 'Vulnerable group: people at particular risk of HIV infection, including women, youth, sex workers, drug addicts, homosexuals, internally-displaced people, refugees, children and adults living on the street'. Given the country's history of and on-going violence particularly in the Eastern parts of Congo, both LGBT

¹⁶ Afol news, Congo Kinshasa discusses criminalising gays retrieved from <http://www.afrol.com/articles/36842>

¹⁷ Mathieu Olivier. 2016. RD Congo : la grosse colère de Steve Mbikayi, le député qui voulait interdire l'homosexualité. Jeune Afrique Retrieved from <http://www.jeuneafrique.com/312643/politique/rd-congo-grosse-colere-de-steve-mbikayi-depute-voulait-interdire-lhomosexualite/>

¹⁸ Alessia Valenza (2013) A look at Africa's anti gay laws-African Countries 'dealing' with gays the best way they know how-further criminalization. Retrieved from <http://ilga.org/a-look-at-africa-s-anti-gay-laws-african-countries-dealing-with-gays-the-best-way-they-know-how-further-criminalization/>

¹⁹ Radio Okapi, (2016) RDC : le Sénat adopte une loi interdisant aux couples homosexuels d'adopter les enfants retrieved from <http://www.radiookapi.net/2016/06/02/actualite/politique/rdc-le-senat-adopte-une-loi-interdisant-aux-couples-homosexuels>

and sex workers are subjected to heightened insecurity and threats of different forms of violence and particularly physical and sexual violence. Whereas convictions of sexual violence are said to have improved as of 2014, at least as regards gender based violence,²⁰sexual violence is a continued reality particularly for female sex workers, lesbians and trans men.

"In Bukavu trans men are targets of sexual violence because of their gender expression. People perceive them to be lesbians and so subjected to rape for example which the offenders perceive to be a 'corrective' measure."

– Lola, lesbian identifying sex worker from Bukavu

The lack of legal protection for LGBT people also has an impact on the violence behaviour of the general population and particularly the police. LGBT respondents reported that they do not report acts of discrimination or violence they suffer for fear of re-victimisation. The relationship between the police and the LGBT community was therefore described by the respondents as disastrous. This is more pronounced in Kinshasa, Goma, Lubumbashi and Bukavu.

"Not so long ago, I was walking back home from an evening with some friends when a group of policemen stopped me and asked me what I was doing walking around at night. One of them recognised me. I told them that I was going home. They asked me for all the money I had on me and also took my phone. Afterwards they had a discussion as I stood there about what they should do with me. One of them even suggested that they should kill me. Finally, they decided to let me go with a warning and said that if they came across me again they would kill me. I fled as quickly as I could."

– Jeff, gay man in Goma

Before it's amendment²¹, the Penal Code of 2004 made reference to indecent behaviour²² and to 'debauchery'. The amendments made in 2006 mostly expanded Article 174 and articulated among other provisions, explicit penalties for actions associated with 'prostitution'. Even after the amendments made in 2006, the Penal Code contains provisions in Article 176 that make reference to 'morals that outrage the public'. Which provision can and has been used as a basis by law enforcement for arbitrary arrest, extortion, soliciting of sexual favours, intimidation insults and blackmail.

20 Nynke Douma, Dorothea Hilhorst and Jocelyne Matabaro (2016) Getting the balance right? Sexual violence response in the DRC: A comparison between 2011 and 2014 retrieved from http://www.securelivelihoods.org/publications_details.aspx?resourceid=392&CategoryID=2258

21 Law n° 06/018 Of 20 July 2 006 amending and supplementing the peanal code retrievedd from <http://www.leganet.cd/Legislation/JO/2006/JO.01.08.2006.C.P.P..pdf>

22 2004 amendment to the Penal code available from <http://www.leganet.cd/Legislation/JO/2004/JO.30.11.2004.pdf>

PROHIBITIVE LEGISLATION

Legislation	Provision	Impact
Constitution of 2005	Art. 13: No Congolese person may, in matters of education or access to public functions or any other matter, be subject to any discriminatory measure, whether it results from a statute or from a measure of the executive, on the ground of his/her religion, family origin, social condition, residence, views or political convictions, or membership of a certain race, ethnicity, tribe, cultural or linguistic minority.	This provision does not include sexual orientation or choice of work under the protected grounds. It is also problematic because unlike most other Constitutions that leave room for expansions through wording like 'or any other ground' this one could be construed as a closed list.
	Art. 14: the public authorities see to the elimination of all forms of discrimination against women and ensure the protection and promotion of their rights	The challenge with this provision is that it does not provide a definition of women and therefore may not in practice extend said protection to transwomen.
	Art. 35: The State guarantees the right to private initiative to nationals ... It encourages the exercise of small commerce, of art and of artisanship by the Congolese and sees to the protection and to the promotion of national expertise and competences. The law determines the conditions for the exercise of this right.	This law may be construed against sex workers because the right is limited by law and therefore should there be legislation that seeks to criminalise sex work then sex workers will not have recourse to constitutional petition under this provision.
	Art. 40: All individuals have the right to marry a person of their choice of the opposite sex and to create a family.	This provision defines marriage as legal only to the opposite sex thereby negating same sex attraction or families that are not hetero-normative.
PENAL CODE CONGOLAIS Decree of January 30, 1940 as amended and supplemented to date Updated November 30, 2004	Art. 174: Shall be punished with imprisonment of three months to five years and a fine of 50,000 to 100,000 Congolese Francs: any person, to satisfy the passions of others, has hired, trained or enticed, for the purpose of debauchery or prostitution, even with his/her consent, a person who is more than eighteen years; the age of the person can be determined in particular by medical examination, if no birth certification is available; any person who operates a house of debauchery or prostitution."	This provision criminalises aspects of sex work such as the hiring, training or enticement of sex workers as well as places of work such as brothels thereby making it difficult for sex workers to do their work. Furthermore there are no legal definitions provided regarding what 'training' or 'enticement' would entail.
	Art. 176: Whoever publicly outraged morals by actions that offend modesty, shall be punished with imprisonment from eight days to three years and a fine of 25-1000 zaires or one of these penalties.	This provision is ambiguous, as it does not define morals therefore leaving it open to interpretation against sex workers and members of the LGBT communities. Consequently it leaves room for the negotiation of the bills such as was proposed in 2010 and 2013.

SUPPORTIVE LEGISLATION

Legislation	Provision	Impact on Community
Constitution of 2005	Art. 11: All human beings are born free and equal in dignity and rights.	This provision enshrines the right of LGBTI Congolese to freedom, equality and dignity. This can be used as platform for litigation efforts against discrimination.
	Art. 12: All Congolese are equal before the law and have the right to equal protection by the law.	This provision entitles LGBTI to protection from violation of their rights including violence and goes further to provide a basis for the obligation of the state to ensure access to justice in the case of said violations.
	Art. 14: the public authorities see to the elimination of all forms of discrimination against women and ensure the protection and promotion of their rights	This provision offers explicit protection against discrimination and explicitly provides for the obligation of the state to ensure said protection for LBQ women and female sex workers.
	Art. 16: The individual is sacred. The State has the obligation to respect and protect him/her. All persons have the right to life, physical integrity and to the free development of their personality, while respecting the law, public order, the rights of others and public morality.	This law provides that LGBTI and sex workers have the rights to life, integrity, and development of their personality. It also makes reference to public morality, which is not clearly defined in legislation and so can be abused.
	Art. 17: Individual liberty is guaranteed. It is the rule, detention the exception. No one may be prosecuted, arrested, detained or sentenced except by virtue of a law and in the manner, which the latter prescribes. As read with Art. 18: Any person who has been arrested must be immediately informed of the reasons for his/her arrest and of any accusation made against him/her, and this in a language, which he/she understands. He/she must be immediately informed of his/her rights. A person kept in custody has the right to immediately contact his/her family and his/her counsel.	Provides a basis for LGBTI and sex workers to challenge arbitrary arrests and the extortion and bribery as reported by the respondents to this study. It also provides for the right to information and counsel in the case of arrest and detention.
	Art. 36: No one may be harmed in their work because of their origin, sex, opinions, beliefs or socio-economic conditions.	This provision can be utilised to protect sex workers from human rights violations in the course of their work.
	Art. 43- 45: Guarantees the right to education	This provision protects LGBTI from expulsion from or discrimination based on their sexual orientation or gender identity, in learning institutions.
	Art. 66: All Congolese are obliged to respect and treat their fellow citizens without any discrimination and to maintain relations with them that facilitate the safeguarding, the promotion, and the strengthening of national unity, mutual respect and tolerance.	Creates an obligation on all citizenry not to discriminate against LGBTI or sex workers.



SEX WORK

Although sex work in and of itself is not explicitly criminalised in Congo, there is legislation that criminalises aspects of sex work such as clients, any person that 'trains' or 'entices' sex workers as well as their places of work therefore creating a hostile legislative environment.²³ Article 174 of the Penal Code²⁴ provides for the punishment of any person operating a place where prostitution is practiced or anyone who encourages prostitution.

As a result of the legislative environment sex workers are often subjected to arbitrary arrests, rape, threats, blackmail and kidnapping. In Kinshasa, Lubumbashi and Goma for instance, some sex workers reported being victims of sexual trafficking by police officers who offer to release detained sex workers in exchange for money earned through the provision of services whilst still in custody, to clients who are identified by and consequently make payments to said police. In these instances, respondents reported that the officers would forcefully act as their agents by negotiating fees with clients identified by the officers, arranging a meeting between the sex workers and said client and thereafter, receiving the full payment for the services rendered to the detriment of the sex workers. As a result, the sex

workers are deprived of agency in order to secure their release.

"Often we do not have a choice to accept or refuse. If you don't comply, you will stay in jail, with a greater risk of being raped by the same officers. So you choose the least painful choice and have sex with the client."

– Mado* female sex worker in Kinshasa.

For some time in Kinshasa and Goma, local authorities through PNLS and the National Programme for the Fight against AIDS (PNLS), implemented some measures to legitimise sex work by providing registration cards to sex-workers through their organisations. These cards were intended to give the sex workers a pass to work within the city and were recognised as such by the local authority and the sex workers had access to health care. According to respondents in both cities, the cards were crucial as they helped sex workers avoid arrests by the police but currently are only in effective operation in Kinshasa. During focus group discussions, respondents expressed a desire to have this system replicated in other cities with the notion that it will reduce harassment from law enforcement.

²³ Article 174b, modified the Penal Code in 2006

²⁴ Les lois sur les violences sexuelles 2006 retrieved from https://monusco.unmissions.org/sites/default/files/old_dnn/Lois%20sur%20les%20violences%20sexuelles%20ASDI%20-%20livret%209x12.5.pdf

Recommendations

1. Strategic campaign to counter arising bills seeking to criminalise same sex sexuality;
2. Identification and lobbying of key strategic politicians and opinion shapers, particularly within the impending transition of government, to decriminalise sex work;
3. Building allies within the anti-trafficking movement to distinguish sex work from trafficking;
4. Utility of the DRC's HIV legislation as a platform for lobbying, advocacy and enhanced visibility of LGBTI and sex worker issues;
5. Creation of IEC materials which can be in the form of social media, pamphlets and media appearances to inform the public and the movements about challenges based on sexual orientation and gender identity;
6. Strategic litigation to address the gaps in the law that lead to a failure of the protection of the human rights of LGBTI and sex workers;
7. Training and sensitisation of law enforcement officers as well as members of the legal fraternity such as lawyers and paralegals;
8. Collaboration and lobbying of local authorities to sensitise them on the state related challenges and human rights violations as well as to enhance visibility of LGBTI and sex workers ; and
9. Raising the awareness of the LGBTI and sex worker communities on existing legislation.



HEALTH

Key Observations

- Limited access to lubricants particularly for cities in Eastern DRC whose infrastructure was affected by the civil war;
- Stigma and discrimination from staff in medical facilities;
- Lack of information about access points for lubricants and condoms;
- Most members of the LGBT community are under economic duress and so cannot afford access to the different facets of health care; and
- Lack of competent medical staff.

As a post-war country, the DRC's public health care system is almost non-existent.²⁵ According to the World Health Organisation, access to health care is challenge for many parts of the DRC and for most of the populations. Health centres are poorly equipped and under staffed. The study found that there is extremely limited information and documentation regarding the LGBT community. There are portions of the study that make reference to MSM particularly as regards to ongoing work on HIV in the country. This is because although national strategies and policies may include men who have sex with men (MSM) as part of key targeted populations, they do not distinguish or

identify the challenges or needs of the general LGBT population.

Access to health services for LGBT people is reported as limited in the DRC²⁶. Several factors contribute to this limitation including the lack of adequate infrastructure (particularly in Eastern DRC), reluctance of medical staff to treat LGBT people professionally and without prejudice or discrimination; fear of prejudice and exposure of one's sexual orientation; the geographical distance to most facilities and a generally unfriendly healthcare environment facilitated by ignorance of the issues faced by LGBT people.

"Medical staff including pharmacists at public health institutions, always humiliate us by publicly asking for example, 'Are you back again? Weren't you here just two weeks ago? We do not have medicine for your kind!' It turns out that they turn us away because they are corrupt and reroute the medicine that should be free, to sell in their own private chemists."

– Marta, female sex worker from Goma

The notion of having specialised medical centres that prioritise the LGBT and sex worker communities was cited as ideal, however respondents expressed that

25 World Health Organisation. The Democratic Republic of the Congo: quantifying the crisis. Bulletin of the World Health Organisation Retrieved from <http://www.who.int/bulletin/volumes/87/1/09-020109/en/>

26 Mambo Amisi Modeste. Effectiveness and Impact of Promotion of Health Rights by Sex Workers for Reducing HIV Prevalence in the Eastern of Democratic Republic of Congo retrieved from <http://online.liebertpub.com/doi/pdfplus/10.1089/aid.2014.5213>. abstract last accessed on 13th November 2016

having such facilities could be challenging in that it could present yet another platform for isolation and stigmatisation. A practical ideal would be for all health care facilities to be accessible to everyone including the LGBT and sex worker communities and for medical staff to practice their duty of care.

Respondents reported that the lack of access to health services has forced several members of the LGBT community to resort to self-medication. It has also created the precarious environment in which members of the community depend on word of mouth to gain information on self-diagnoses and self-treatments. For LGBT people excluded from their families, access to health services is particularly difficult due to lack of financial means.

Beyond access to sexual and reproductive healthcare, the aspect of mental health is left largely unaddressed. According to a government official, mental wellness is culturally not prioritised.²⁷This is presumably still the case. The few non-governmental entities that include mental health tend to focus on the context of the conflict that has ravaged the eastern parts.²⁸

“Psychosocial help is non-existent here. We deal with trauma through alcohol. You see, we have to find other outlets or forced to be strong.”

— Jimmi, gay identifying male sex worker.

HIV and AIDS

According to UNAIDS, HIV prevalence among adults aged 15 to 49 is between 0.9% and 1.2%²⁹. Although MSM are reportedly included in DRC’s multisectoral HIV strategy, the term MSM is not all encompassing and excludes other communities that are LGBT. That said, to date, there are no government initiated studies on the HIV prevalence among LGBT people or MSM nationwide. Some local organisations, such as *Progrès Santé Sans Prix*, (PSSP) possibly through support by external partners, try to provide minimal solutions to this community for the fight against HIV and AIDS.

However, in 2012, the USAID/PEPFAR supported a project called Integrated Programme on HIV/AIDS in Congo (ProVIC) in 5 provinces including Kinshasa, South Kivu, Bas-Congo, former Katanga and former Eastern

27 Canada: Immigration and Refugee Board of Canada, Democratic Republic of the Congo: The treatment of people with mental health disorders; protection and services provided by the state, 14 June 2012. COD104104.FE. available at: <http://www.refworld.org/docid/50eac5442.html> last accessed on 13th November 2016

28 Medecins Sans Frontiers, 2014, Democratic Republic of Congo: Providing mental healthcare in North Kivu <http://www.msf.org/en/article/democratic-republic-congo-providing-mental-healthcare-north-kivu> last accessed on 13th November 2016

29 UNAIDS HIV and AIDS estimates 2015, retrieved from <http://www.unaids.org/en/regionscountries/countriesdemocraticrepublicofthecongo>

Province³⁰. Around the same time, a study on the level of awareness on HIV/AIDS among MSM in Kinshasa³¹ was conducted. Of 1167 MSM interviewed only 412 reported having knowledge of a screening centre, 296 reported having had access to a condom during the last 12 months. Of the 891 MSM who had sexual intercourse in the last 6 months, 755 respondents did not use a condom during their last sexual intercourse³².

Discussions with LGBT communities in this study revealed that:

- There are general assumptions made about the prevalence of HIV and STIs among the lesbian, bisexual and transgender communities e.g. that lesbians are not susceptible to contracting HIV or that trans men do not have sex with other men or trans women do not have sex with other women. As such, most interventions target men that have sex with men and exclude other communities within the LGBTI spectrum; and
- the lack of lubricating gels and condoms exposes LGBT people and MSM to contract STIs and other diseases or complications.

"In Kalemie, we have to buy condoms because there are no programmes for the disbursement of free condoms, My organisation used to provide condoms but the chief of the quarter accused us of promoting sex work and immorality and consequently shut us down for two months."

—Tino, gay man from Kisangani

Instead of using lubricating gels, respondents reported using petroleum jelly and lotions, particularly the popular and widely distributed lotions that contains a chemical component known as hydroquinone. This component is used to lighten the skin. The use of this type of lotion causes serious health problems. It was noted that the DRC has a lubricant stock in Kinshasa. However, there are challenges in accessing the stock for LGBT located outside Kinshasa due to failed infrastructure that makes accessing certain geographical areas in the country difficult.

Cities such as Lubumbashi, Goma, Kisangani and Bukavu, situated in the eastern part of the country are struggling to access lubricating gels from Kinshasa because of a lack of infrastructure that is yet to be restored following years of conflict. In Goma, for example, activists resort to negotiating with the various UN agencies to bring

30 USAID,2013. DRC: INTEGRATED HIV/AIDS PROGRAM (ProVICT) FINAL EVALUATION retrieved from http://pdf.usaid.gov/pdf_docs/pa00jwrv.pdf

31 PNLS & UNAIDS. 2013. Analyse des modes de transmission du VIH par sous-groupes de populations en RDC. pp 22.

32 Idem.

lubricants from Kinshasa. Another reported alternative is attempts at resourcing from LGBT organisations in the neighbouring countries like Rwanda or Burundi.

In Lubumbashi, very few MSM have knowledge of where they could obtain lubricating gels and condoms for free. In pharmacies, the lubricating gels are rare and cost more than most people can afford. Only one health centre was identified as providing condoms and lubricants to MSM.

Respondents reported that most LGBT Congolese are reluctant to visit ordinary healthcare facilities because of the lack of respect by medical staff for LGBT people, the use of negative and condescending language towards LGBT people or the lack of discretion of the staff. The fear of visiting ordinary healthcare centres because of discrimination encourages self-medication among members of the community. They refer to their peers on which drug or antibiotic to use against some pain. Others reported resorting to traditional healers to treat STIs and other diseases. The distribution of antiretroviral drugs is a problem, and most LGBT feel neglected by both state and non-state organisations that provide this service.

In Kinshasa, there was experimentation with friendly healthcare centres that were designed to accommodate LGBT people and sex workers so that they have easy

access to healthcare services. However, it was reported that most members of the LGBT communities do not have a lot of faith in these centres owing to a failure by the government to involve the communities in the design and implementation process of the National Strategic Plan against AIDS.

In the 2014-2017 National Strategic Plan against AIDS, homosexuals are identified as one of the key groups. At least two mainstream organisations fighting against HIV received funds from the Global Fund to implement programs against HIV for LGBT people. However, the implementation of programs is reportedly slow at being realised.

Although some mainstream organisations have been identified as allies to the movements, the challenge lays in the discrepancy between the documented impact and the actual extent of the services accessed through these organisations. Respondents reported that some of these organisations tend to report that they distributed condoms and lubricants for example but do not provide the said services. Furthermore, it was reported that some organisations tend to exaggerate HIV data for the purpose of their fundraising which data does not depict an accurate reflection of the situation on the ground. Consequently there is a general sense of the community feeling used for the attainment of these organisations' selfish motives.

"I was once invited by one of the mainstream organisations to contribute to a report. They tried to convince me to give false information but I refused to participate because they have never organised any activities involving the community. The organisations that falsify information, do not implement activities that are inclusive of our communities and tend to refer people to Kinshasa instead typically get their funding from Global Fund such as Linkages but also CordAid."

— Max, gay man from Bukavu

Location	Condoms Accessible?	Lubricants accessible?
Lubumbashi	No	No
Goma	Yes. From PNMLS and Forum Le Sida albeit with difficulty because access is hinged on the criteria of being a registered organisation.	Limited. Currently with the new financing from Global Fund in Goma, Kisangani, and Bukavu and other places, the National Program of Fight against the AIDS (PNLS) confirmed that lubricating gels were available to the sub grantee of the Global Fund. Unfortunately, the supply of these lubricating gels is limited. The access is just accepted to the sub-grantee so these services are not available in all the towns and all the regions.
Kalemie	No	No
Bukavu	Yes	Limited
Kinshasa	Yes. From: PNMLS, Amour Congo, Fonds Mondial, ICAP (an INGO), Linkages and Global Fund.	Yes
Kisangani	Yes	Yes

Recommendations

1. Strengthening of the infrastructure and a comprehensive system of programming and access to informed and inclusive health services for people that identify as lesbian, gay, bisexual and transgender individuals e.g through training of peer educators within the LGBT community and fund peer educators' activities;
2. Collection and dissemination of information about friendly health care providers to members of the community;
3. Network and work with partners at a national level to develop a comprehensive policy for the acquisition and distribution of condoms, lubricants and dental dams;
4. Advocate for and lobby on the inclusion of the LGBT community in the decision maker process on access to the health care for the LGBT population;
5. Systematic training for medical and health care provider staff at a national level on LGBT issues;
6. Identify and work with health care providers to establish non discrimination policies and holistic guidelines for the health centres to improve access to the LGBT population to health care centres;
7. Where needed by the LGBT community, partners should establish specialised service hours for the treatment for LGBT people to improve their access to health care.



SEX WORKERS

The state of insecurity in which most sex workers operate is a major barrier to their access to health services. Comprehensive medical care is necessary to ensure the welfare of sex workers and their dependents. Although the government of DRC has placed a lot of emphasis on sexual violence, in particular rape, other aspects of health such as access to lubricants, condoms, counselling and testing were reported as a challenge.

In Goma, for example, it was reported that it is fairly easy to have access to health care if the person is a victim of rape. Furthermore, most sex workers resort to self-medication because of the costs of seeking treatment or fear of the looking for treatment in a general health centres. In Lubumbashi for example, respondents reported that there were cases whereby sex workers suffering from treatable illnesses, lost their lives due to lack of adequate care.

HIV and AIDS

According to data from a PNMLS study³³ conducted in 2012, about 68% of sex workers in the DRC have been reached by AIDS prevention programs. According to the survey, 6% of sex worker are living with HIV/AIDS.

In Kinshasa, it was reported that there are centres in which sex workers can access condoms and ARVs.

However, most do not feel comfortable because these facilities are typically open to the public on the same days therefore exposing sex workers to the possibility of stigma. In addition, the centres that provide these facilities are limited to particular areas and not the entire city. The sex workers must therefore make long journeys to find medical help.

Sex workers in Kisangani and Lubumbashi mostly buy condoms in shops, while those in Goma and Kinshasa receive them from facilities run by the national government and non-governmental organisations fighting against AIDS.

Regarding the city Goma for example, condom distribution happens through the few female sex worker organisations. Once received, these condoms are distributed to sex workers' representatives at neighbourhood and cell (*cellules*) level and even in very remote territories in Goma such as Rutshuru, Sake, and Masisi. This ensures that the majority of members of the Umande network, which is a collective of sex worker organisations from around the country have access to condoms in Goma and its surroundings.

33 PNLS. 2014. Rapport sur l'état d'avancement de la reponse a l'epidemie du VIH/Sida pg. 7

In Kisangani between 2006 and 2007, MSF had been giving free treatment for STIs and facilitating meetings between members of the sex worker community of Kisangani. Currently, *Progrès Santé Sans Prix (PSSP)*, a beneficiary organisation of the Global Fund funds conducts mobile prevention activities in the sex worker workplaces.

As part of the National Strategic Plan to fight against AIDS, a series of programmes has been planned that may benefit sex workers as part of the most at risk populations. However, in certain city such as Kisangani and Lubumbashi, it is not clear how the sex workers have been involved in the design and implementation of these programmes.³⁴ Even in cities where sex workers were involved during the conceptualisation of projects, the relationship between sex workers and project implementers is not always harmonious and transparency is often lacking.

"In Goma you have to lie in order to get medicine. If you are honest about who you are, they deny you access."
— Sherie, female sex worker in Goma

³⁴ Partnership Framework Document to support implementation of the Democratic Republic of th Congo National HIV and AIDS Response, A five year strategy to support the GDRC to jointly implement national goals to reduce the transmission of HIV and to minimize negative impact on the Congolese People, <http://www.pepfar.gov/documents/organisation/145812.pdf> last accessed on 13th November 2016

Recommendations

1. Sex workers organisations and partner organisations should increase the efforts on training peer educators and fund their activities;
2. At the national and local levels, sex workers organisations and partners should develop a comprehensive policy for the acquisition and distribution of condoms and lubricant gels to reach a large number of sex workers across the country;
3. Improve the inclusion of the sex workers' community in policy making process on access to health care for their community;
4. Health care providers should systematically train and build capacity of medical and health care staff on the issues specific to sex workers;
5. Health care providers should establish no-discrimination policies and guidelines to improve access of sex workers to the health care in friendly centres;
6. Where needed, sex workers in collaboration with health care institutions should establish health care centres specialised to treat sex workers to improve their access to health care;
7. Health care providers, working with the sex worker community should consider taking a holistic approach in providing treatment to the patients by giving additional support to the treatment provided to the sex worker patients, including childcare to facilitate access to healthcare particularly for single parents which most female sex worker respondents reported being.
8. National and local authorities should set policies and guidelines to protect sex workers from discrimination and violence and improve the access of sex workers to health care.



LIVED REALITIES

"In DRC the topic of sexuality is a taboo including in our schools, and within our families. If we could create radio broadcasts or youth-parent discussions on sexuality... why not also create more spaces for sexual minorities to exchange their experiences and how to deal with our social, economic, family and cultural experiences."

– Excerpt from FGD in Goma

Despite being rich in natural resources, the DRC is still lagging behind in most development indices of developing countries. The country returned to growth after a fall during the global crisis of 2008. According to the World Bank, the DRC recorded an average economic growth rate of 7.7% per year between 2010 and 2015³⁵. "Public investment has also helped boost growth. Inflation, which had a staggering rate of 53% in 2009, fell to 10% in 2010 and 3% in 2012, before remaining around 1% in 2013-2015 due to the implementation of prudent fiscal and monetary policies."³⁶

The forecasts for the DRC are currently positive. However, the IMF and the World Bank have warned that there is risk of a downward trend in economy owing to the drop in price of raw material prices, including exports like copper.

According to the World Bank, the gross domestic product (GDP) was USD 33.12 billion in 2014 while the gross national income (GNI) per capita was USD 380.³⁷ The unemployment rate remains one of highest in Africa. About 73% of youth are unemployed³⁸ and the population living below the poverty line is 63.6%.

Although the Constitution guarantees separation of church and the state, the former historically and currently plays an important role into social, economic and political affairs, even during conflicts in the DRC.³⁹ Today, with a multitude of Revivalist Churches interfering with the country's politics and governance, the weight of the churches' moral values is accentuated.⁴⁰ Majority of Congolese society identity as Christian. The Catholic religion accounts for 50% of the population, Protestant,

35 World Bank. 2016. Country Overview, Democratic Republic of Congo. Retrieved from <http://www.worldbank.org/en/country/drc/overview>

36 Idem

37 Idem

38 AfDB (2012), African Economic Outlook. 2012: Democratic Republic of Congo

39 Timothy Longman. 2001. Congo: A Tale of Two Churches. America Magazine. Retrieved from <http://americamagazine.org/issue/309/article/congo-tale-two-churches>

40 CamilleKuyu. Annex 2: Revivalist Churches and Governance in the Democratic Republic of Congo. Institute for Research and Debate on Governance. Retrieved from <http://www.institut-gouvernance.org/en/chapitrage/fiche-chapitrage-65.html>

Kimbanguiste⁴¹ accounts for 10%, Islam accounts for 10%, and other sects and indigenous beliefs accounts for 10%⁴². Religion plays an important role in Congolese society. Many respondents identified churches as the moral strength of the nation and the general population often follows their position in the political or social issues. Some LGBT people view these churches as a key factor that increases their vulnerability.

Respondents reported that many churches describe homosexual practices as a perversity or an importation from Western cultures. Furthermore, churches are said to contribute overwhelmingly in conveying the belief that homosexuality is a form of witchcraft.

“Homosexuality is my pastor’s favourite sermon. But I try to keep my sexuality to myself and outside the church”

— Jules, gay man in Goma

41 The Kimbanguiste Church is a Christian African Independent Church of prophetic types. It was founded on April 6 1921 by Kimbangu in DRC.

42 DRC Country Facts, CIA, Retrieved on 16 avril 2016. <https://www.cia.gov/library/publications/the-world-factbook/geos/cg.html>

LGBT

Key observations

- Most LGBT are not formally employed and do not have other ways to generate income therefore they lack means to provide for their daily needs, such as food, education and healthcare;
- Religion tends to be the main determinant in the acceptance or not of individuals based on their sexual orientation or gender identity;
- Economic status of an individual is another determinant of acceptance by society and families;
- Most individuals that have employment work in the informal sector because of rampant discrimination in the formal sector

Socio-economic Context

Most of the respondents interviewed in the course of this study, expressed frustration about the lack of economic opportunities for income generation therefore making it difficult to support themselves and their families. A few LGBT identifying Congolese, particularly in Kinshasa and Lubumbashi reported engaging in small income generating businesses such as hairdressing or either owning or working in restaurants and bars.

The banking system is in its infancy in the DRC, thus, it is understandably difficult for most Congolese to get loans to start a business. LGBTI individuals reported that most financial institutions consider them as having ‘non-

bankable profiles’. This misperception is particularly applied to transgender individuals who get profiled based on their gender expression.

The economic and social situation of Congolese could be described as mediocre because GDP is below the normal, more so for LGBT identifying individuals who on the most part live in poverty with no access to a monthly income. Consequently it is difficult for said individuals to make loan applications to start businesses because they are unable to fulfil the stipulated criteria or comply with conditions for repayment.

Employment

The consequences for people who identify as LGBT in the workplace include unfair dismissal or unwarranted demotion simply on the basis of their perceived and/or real gender identity and sexual orientation. This often applies to LGBT people who are not in managerial positions.

“As a film director, I don’t hear much of criticism with regards to my sexuality. I know some talk about the fact that I am still single at this age and discuss about my sexuality, but that is never done to my face. It is a sort of privilege.”

— Justice, Gay man

Some respondents reported that trans identifying individuals are particularly affected because despite having ample qualifications, they tend to often times be rejected for various positions in the formal sector. Further, job interviews stray into discussions on ethics and perceived morality instead of focusing on the person's qualifications.

Respondents also indicated that several people gay identifying men and transgender people are limited to employment in the informal sectors because of the rampant discrimination in the formal sector. However, in Bukavu, Lubumbashi and Kinshasa it was reported that there may be a few companies considered to be 'favorable' to LGBT.

"I tried several time to apply for a job in private offices as companies. I always failed because of my appearance. So I decided to look for a security guard job instead."

— Bertin* trans man from Kinshasa

Family and friends

"For us it is somehow easy to go out together. At home, they know her as my 'carine' [best friend.]. We play football together, so I don't get too many questions about my girlfriend."

— Tina, lesbian in Kisangani

Religion and attachment to traditions influence the perceptions of families on issues of sexuality. Based on the biblical verses that condemn homosexuality and a tradition that cultivates hopes for families to see their children procreate, several parents were reported as having a negative view of non-heterosexual sexual orientations or gender identities of their children. To fight against what they describe as 'unnatural', some families were reported to resort to punishments aimed at changing the sexual orientation or gender identity of their child. Some respondents pointed out the fact that family would deprive their children basic needs such as education, food or clothing as punishment because of their sexual orientation or gender identity. Some families were reported to outright reject their children because of their sexual orientation or gender identity. In Kinshasa, for example, where people believe in witchcraft, families often take their LGBT children to sorcerers. Discrimination against trans people is more pronounced in families.

Perceivably effeminate gay men and transgender individuals in particular tend to bear the brunt of ostracisation based on their expression which makes them easily 'discoverable' by their families. Lesbian identifying women were reported as being able to easily cloak their identities and therefore less likely targets.

"I will never forget that day was September 10, 2016, it was at 10pm when my parents had discovered that I was gay and burnt my clothes and certificates. It was the first time I saw my father react this way, so savagely and viciously towards me, calling me all manner of words, saying that the homosexual acts I performed were the cause of all the bad luck. At the time, my father was unemployed and unable to find a job. He said I was Satan, that I had shamed the family. He did not want to see me again, said that I'm not his son and he wished I had died at birth. I was also physically assaulted by my cousins and uncles at the request of my mother. My mother told me that I could no longer call her 'mum'. I was shocked, traumatized, panicked and disappointed by the reaction my parents. I did not think they would drive me out of the house at night knowing that I had nowhere to go. My studies and everything stopped. My life has become uncertain and I'm currently homeless."

— Thomas, gay man

Family pressure is reported as often inciting a type of 'forced bisexuality' whereby an individual that may have

primarily identified as gay or lesbian, is forced into a relationship or marriage to a person of the opposite sex.

A small number of LGBT reported being out to their families and identify as such. This is predominant in the city of Kinshasa. In other cities such as Lubumbashi and Goma, the number of people who openly identify as LGBT persons is even lower because of the social structures in place that emphasise a tightly knit community based on the preservation of family lineage which most communities consider to be of high priority because LGBT individuals are not perceived as capable of having families. In this case, some respondents reported feeling obliged to preserve the 'honour' of their families by not disclosing their sexuality, which might be considered a curse or disgrace to the family.

"Over time I learnt to accept my self as I am. I did not copy who I am from anyone...becoming myself was a natural process. I have identified as a girl for a long time. Currently I need financial help because I could no longer live with my family. My parents split up because of me. My mother accepted me but my father would not. Now everyone hates me. Do you know what it is like to feel the pain of knowing that you are the cause of your parents' separation? Yet there is nothing I can do about who I am."

— Tina, trans woman in Bukavu

Such discrimination within families was reported as having a negative impact on the physical and mental health of LGBT people. Some respondents choose not to disclose their sexuality for fear of rejection their families. In addition, most individuals are youth and therefore totally dependent on their families. Consequently most respondents reported being closeted. Others resort to automatic self-exclusion or avoid festivities/family gathering to avoid confrontation with their family members about their sexuality.

Individuals who have what is perceived as a favourable economic disposition and who are providers for their families were reported as being more likely to be accepted and treated well by their families and friends.

"In our society, those who are financially successful are somehow well regarded by their families while those who do not have a penny are despised"

— Justice, a gay activist from Kinshasa

Education

Some LGBT individuals reported being the subjects of verbal and physical abuse in learning institutions. Further it was reported that in these instances, institution staff often turn a blind eye and do not intervene. Homophobia against high school and university students tends to be premised on religious and traditional beliefs derived from their families and society in general. There are no

specifics guidelines or policies in place to create a safe and inclusive space for LGBT people in schools.

It was also reported that most individuals, particularly gay identifying and gender non conforming individuals are forced to resort to isolating themselves to avoid mockery by their peers. Others reported that discrimination at school may lead, for some LGBT people, to a loss in self-esteem and confidence in their intellectual ability and motivation to continue their studies. Consequently, some members of the LGBT communities tend to drop out of school.

Personal Relationships

"Gay men especially, do not like to be seen with us. They feel like if they are seen with us everyone will know that they are gay."

— Tina, trans woman from Bukavu

Most individuals are in the closet because of the real fear of being stigmatised and discriminated against. As such for those that are not in the closet and in relationships with closeted members of the community, it was reported as a source of tension and a challenge.

This fear of stigmatisation was reported as translating into the stigmatisation within the LGBT community. Particularly against trans women because of the potential attention their gender expression might draw.

“It is true that people tend to discriminate against trans women. Even at this focus group discussion, one of the participants asked me why we had to invite Tina (a trans woman) and stated that they did not want to sit next to her.”

— Martin, gay man from Goma.

Recommendations

1. Development, resourcing and capacity support of programmes to increase economic opportunities for the LGBT.
2. Sensitisation of media and families through initiatives like a tailored version of a support group of parents and friends of lesbians and gays (P-FLAG) for the families that are struggling with the acceptance of their children’s identities.
3. Cross-country networking and shared experience.
4. Creation of more safe spaces for members of the LGBT community. These spaces could include an element of counselling and other platforms for therapy to help individuals cope.

SEX WORKERS

Key observation

- Trans and male sex workers do not have a lot of visibility in the programming within sex worker organisations;
- Religion has a heavy impact on societal perception and family relationships;
- Income for sex workers tends to be higher in the mining provinces;
- Most sex workers are not a part of formal organising.

Socio-Economic context

For most sex workers opportunities for additional sources of income were reported to be limited. Those that have access to additional sources of income cited these sources as derived from informal sectors such as dressmaking and hairdressing. However, the respondents that are employed in the formal sector live with a real fear of dismissal, humiliation and isolation upon discovery.

"I conduct my business strictly by phone appointments and I tend to take my clients far from where I live because I'm a known and respected individual in my community and no one has an idea that I sex work. If they ever found out, it would destroy my reputation."

— Magdalene, female sex worker

On the most part sex worker respondents reported resorting to risky sexual behaviour such as having unprotected sex at the behest of clients in order to earn more money.

There have been various initiatives by peer and non-peer led organisations seeking to improve the economic conditions of sex workers in the DRC.⁴³ These efforts were reported as largely unsuccessful for various reasons such as not having capacity for financial management and the devastating poverty making it difficult to save because of other arising pressing priorities. Also, non-peer led organisations that seek to support income generating activities for sex workers tend to do so with the objective of deterrence or rehabilitation from sex work consequently negating its legitimacy as work.⁴⁴

Family Life

The attitude towards sex work varies according to religious beliefs, gender, economic and social situation and the living environment of families. Religion plays a major role in the stigmatisation and rejection of sex workers within families. In this case, most respondents felt that their families believe that sex work is an abomination. Consequently this translates into a loss of family support for some sex workers.

⁴³ <http://www.nswp.org/sites/nswp.org/files/SUSO%20Report%20Africa.%20final%20EN.pdf>

⁴⁴ *ibid*

There are a few exceptions that are hinged on the country's economic situation and therefore a dependence on the income derived from sex work especially if it is the primary source of income for a given family.

The province of Katanga being a major mining province with its large urban area, including Lubumbashi, Kolwezi and Kamei was identified as a popular clientele base. The presence of multi-national companies, miners and buyers from different parts of the world and from all provinces of the DRC has made this region one of the richest regions of the country. Thus it tends to be the preferable and most viable environment to sex work and draws sex workers from other parts of the DRC who then send money to their families in their cities of origin. This also applies to other mining areas of the DRC such as Kisenge (Walikale) in North Kivu, Fizi, Baraka and Misisi in South Kivu, as well as Ituri in Orientale Province

"In my social environment it is difficult for me to find the financial resources to survive, prostitution is condemned by tradition and custom. Sex work is not very profitable in Kasai, which is why I decided to come to the mining area to find work. Here I can afford my bills and can send money to my family.."

— Christelle, sex worker originally from Kasai province.

Respondents reported that in case of death, families often act unconcerned and do not organise funerals of their relatives that are sex workers. Most believe that the death of a sex worker is a punishment from God for the 'sin' of being a sex worker. In these situations sex workers tend to organise themselves to give a decent burial to a deceased colleague.

Recommendations

1. Where needed, sex workers organisations and partners should put in place programs aimed to increase economic opportunities for sex workers in DRC;
2. Sex workers organisations and partners should financially and technically support activities of members of the communities engaged in income generating businesses.



PUBLIC DISCOURSE

"According to me, there is no such thing as favourable media attention. Most of it is homophobic."

— Marto, gay man in Goma

The media in DRC was reported as largely ignorant on issues regarding sexual orientation and gender identity. It was also reported that news broadcasts tend to alter information in order to sensationalise issues.

"I was once invited to participate in a tv show titled the 'The scandal of homosexuality'. I turned down the invitation because I suspected the intent was to humiliate me."

— Kima, gay man from Kinshasa

Although it was reported that there are several individuals in the media that identify as queer, it was stated that most of these individuals are reluctant to risk their jobs and therefore unlikely to speak out against the ignorance and homophobia in the media. Furthermore, most media depict sexual orientation and gender identity as imported from western cultures.

"In Goma, not so long ago, there was a week long radio segment that invited views from listeners to discuss homosexuality. They said things like 'this is a white people thing'. So in my opinion it is only foreign owed media such as Radio France International (RFI) that tends to be impartial."

— Nic, gay man from Goma

There were some cited exceptions such as in Bukavu in which it was reported that there are a few 'open minded' media houses that give space to organisations that want to launch various initiatives. It was not always the case but through a lot of lobbying and utility of tactics such as writing letters of complaints to the various donor-backed media houses, the relationship between the media and the community at least in Bukavu, has improved over time.

"We once got funding for sensitisation and reached out to Mambo Radio. Initially, the director refused to allow the programme saying that the station is a family oriented radio station. We therefore contacted their donors who pressured them and threatened to pull funding. This forced their hand. Once we were allowed to carry on with the show, we even sensitized the director. Now I have since been invited to participate in two other shows that discussed the proposed anti homosexuality bills."

— Kivu, gay man from Bukavu



MOVEMENT BUILDING



LGBT

Key Observations

- Financial support is a major challenge to the sustainability of organisations;
- There is limited visibility of the trans community and no visibility of the intersex community;
- Most organising is limited to urban areas;
- There is limited networking between organisations in DRC and neighbouring Burundi;
- Most organisations raise their income through membership fees which tends to be irregular given that most of the members of the community do not have consistent sources of income;
- Combatting HIV is a priority for most organisations;
- There is limited organising on lesbian, bisexual and transgender women issues.
- The number of LGBT organisations has grown over the years.

The LGBT movement first started organising in the cities of Bukavu and Goma. *Groupe Hironnelles*⁴⁵ was the LGBT focused organisation based in the capital of the South Kivu province. The organisation later disbanded into two groups due to internal conflicts among the leaders, which led to the creation of RSM.

Between 2010 and 2012, through projects funded by Heartland Alliance, Mouvement pour les Libertés Individuelles, MOLI –a LGBT organisation based in Burundi, identified and trained LGBT on human rights and LGBT issues in the eastern DRC’s cities of Bukavu and Goma. Additional organisations such as **la Col and MRDS** were formed.

The LGBT movement started to develop in the capital city of Kinshasa in late 2013 with the creation of a blog and online group such as MF. Before then, *Si Jeunesse Savait* (SJS), a feminist focused organisation was working on LGBT issues in Kinshasa. In 2013, in partnership with African Men for Sexual and Human Rights and Heartland Alliance’s GISHR program, SJS facilitated the identification and capacity building of LGBT activists from Kinshasa and Goma. According to the respondents in Kinshasa, this process led to the creation of several other LGBT organisations. These organisations are still in the early stage of learning and putting in place structures that would allow them to deliver on their objectives and missions.

Although there are no LGBT organisations in Lubumbashi, there are informal gay groups that exist and meet regularly for social events. These groups are divided according to social status and are reported to

⁴⁵ International Lesbian, Bisexual, Gay, Trans and Intersex Association. Democratic Republic of Congo. ILGA Retrieved from http://ilga.org/directory/en/detail?o_id=3976

be reluctant to associate one another. In a focus group discussion organised in Lubumbashi for example, when the group discussed the possibility of creating a formal LGBT organisation, some were reluctant to be associated to other LGBT beyond their core group. However, other respondents expressed a keen interest in organising themselves into formal LGBT organisations.

Organising on trans specific issues is still considerably low despite the existence of a sizeable trans community. Even within this context there is more visibility of trans women in comparison to trans men.

"I estimate that there are at least fifty trans women in Bukavu. We meet mostly in clubs and house parties. A lot of us are sex workers. That said, organising has not really started."

— Tina, trans woman from Bukavu

Many of organisations' leaders cited access to funds a major challenge. Among the organisations that participated in this research in Kinshasa, none runs its own office. LGBT activists reported that they rely on SJS's office space to run their meetings and other office work. In Goma, groups rely on other mainstream organisations partners, such as Forum Sida (FOSI), to provide space for their meetings. However, with the availability of funding from the Global Fund and its sub grantee, PSSP, a 'friendly' centre has been set up to accommodate key

populations. Some respondents stated that although MSM are identified as key populations in the national strategic plan against HIV, LGBT organisations do not benefit from the same level of programming, operation or financial support. In Kinshasa, most of the activities conducted by these organisations are self-funded through membership fees or other fundraising initiatives within the community such as hosting pride parties.

Others cited challenges include difficulties in registration and high applicable fees that make having a registered organisation expensive. Respondents reported that most organisations are not legally registered because of the denial by registrars of objectives and constitutions, which form part of the registration process, that make reference to the LGBT or sex worker communities. The organisations that are successfully registered reported citing a focus on youth development in order to gain access to registration.

"In Bukavu, we were told that they couldn't register an organisation that promotes sexual activity. When we tried to clarify that we work with sexual minorities, they still turned us down."

— Guillaume, gay man from Bukavu

“In our country, you cannot register an organisation that has LGBT advocacy as an objective. Therefore, we register as community based organisations with a wide objectives.”

— Max, gay man from Bukavu

Furthermore it was reported that the registration process can cost up to USD300 which is unaffordable for most organisations that do not have alternate sources of funding and tend to depend on membership fees to keep existing.

“Form F92 is a document given as part of the registration process to permit the organisation to carry on its work as the registration is underway. It is provided by the ministry and costs USD 300”.

— Sam, gay man from Kinshasa

The relationship between the LGBT community and the national agencies and mainstream organisations working on HIV was reported to have improved in the past year. As the number of LGBT organisations grew, respondents in Kinshasa reported that partners working with them on HIV issues advised them to constitute a coordination platform so that LGBT organisations could have one voice represented at decision making levels such as the Country Coordination Mechanism. In 2015, six LGBT organisations (**ARMS, JME, OC, MF, SSOLA**

and BC) came together to form **Dynamique Kinshasa** and the platform is in the process of registration.

LGBT ORGANISATIONS IN DRC

Name	Creation Date	Registered	Location	Focus/Area of Work	Allies and resources
JME	2014	Yes,	Kinshasa	<ol style="list-style-type: none"> 1. Broadcasting of education radio talk shows and debates on issues of sexual orientation and gender; 2. Organising LGBT safe spaces such as queer parties; 3. Publication of brochures and magazine on LGBT issues; 4. Strengthening the LGBT presence on social media to fight against misinformation on SOGI; and 5. Organising meetings to sensitize civil society NGOs on LGBT issues. 	<ul style="list-style-type: none"> • Self funding through LGBT events. • No external funding to date.
OSS	2014	Not yet	Kinshasa	<ol style="list-style-type: none"> 1. Organising debates on LGBT issues; 2. Training on issues related to HIV/AIDS and STIs; 3. Organising events and safe spaces for LGBT people; and 4. Income generating activities e.g. catering services. 	<ul style="list-style-type: none"> • Internal funding through incomegenerating activities and membership fees. • No external funding.
ARMS	2015	Not yet	Kinshasa	<ol style="list-style-type: none"> 1. Human Rights Advocacy 2. Safe spaces 	<ul style="list-style-type: none"> • Self funding through membership contributions. • No external funding.
MF	2013	Not yet	Kinshasa	<ol style="list-style-type: none"> 1. Raising awareness on the health of gay and bisexual men; and 2. Information on social networks and blogs about LGBT issues. 	<ul style="list-style-type: none"> • Selffunding through membership contributions. • No external funding.

Lég	2015	Not yet	Kinshasa	<ol style="list-style-type: none"> 1. Sensitisation and training on the rights and health of LGBT people; 2. Raising awareness about HIV, STI, behavioural change; 3. Training in business and income-generating activities for LGBT people; 4. Solidarity action with members of the LGBT community in need; and 5. Organisation of safe spaces through sporting events e.g Njangoo for LGBT. 	<ul style="list-style-type: none"> • No funding
Dyq Kinshasa (a collective network)	2015	Not yet	Kinshasa	<ol style="list-style-type: none"> 1. Collective sensitisation and mobilisation to address the lack of representation of the LGBT community in policy making decisions to fight against HIV/ AIDS 	<ul style="list-style-type: none"> • No funding in place.
LGBT Group in Lubumbashi	2016	Not yet	Lubumbashi	<ol style="list-style-type: none"> 1. Fight against discrimination of LGBTI, and sensitisation of LGBTI; and 2. Education and awareness raising on HIV and STIs 	<ul style="list-style-type: none"> • No funding in place.
Col	2011	Not yet	Goma	<ol style="list-style-type: none"> 1. HIV awareness raising and human rights advocacy; 2. Emergency response and transitional arrangements for members of the community that are ejected from their families or houses; and 3. Community mobilisation and sensitisation on safe sex practices. 	<ul style="list-style-type: none"> • Self funding through membership fees Local partner support such as MRDS
MRDS	2011	Yes	Goma	<ol style="list-style-type: none"> 1. Advocacy on sexual health and sexual rights; 2. Support for LGBT and MSM infected by HIV; 3. Creation of income-generating activities; 4. Documentation, Research and Advocacy; and 5. Promote the rights of LGBTI persons; 	<ul style="list-style-type: none"> • Self funding through membership fees. Received funds in 2015 as part of GRET projects – UCOP 2015 – MONUSCO / UNAIDS. • Beneficiary of the FLAI project supported by Heartland Alliance Expecting funding from the Global Fund through PSSP. Received funding from American Jewish World Service (AJWS)

RSM	2010	Yes as a CBO	Bukavu	1. Promote and defend the rights of gay and bisexual men; 2. Monitoring and documentation of the issues faced by gay and bisexual men; 3. Help reduce the spread of HIV/AIDS among LGBTI community aged from 15 to 27 years in Bukavu and South Kivu Province through sensitisation trainings on condom use and referrals to medical centres for testing; and 4. Sexual violence	<ul style="list-style-type: none"> • Self funding from membership fees. • Funding from SOS Sida. • Funding from Global Fund for Human Rights work; • Technical support from Panzi Hospital and Bagira Hospital particularly on testing and treatment of HIV.
BC	2014	Not yet	Kinshasa	1. Raising awareness on HIV/AIDS; 2. Socio-cultural activities - dancing, modeling as a means to attract other MSM, sex workers and lesbians; and 3. Income-generating activities e.g the barbershop which also serves as headquarters for the organisation.	<ul style="list-style-type: none"> • Self funding through membership fees and income generating activities. • No external donor currently.
(SSOLA)	2014	Not yet	Kisangani and Kinshasa	Door to door sensitisation on HIV; Referrals of LGB to hospitals.	<ul style="list-style-type: none"> • No funding in place.
EY	2016	Not yet	Kisangani	1. Fight against HIV and promote the rights of lesbian and bisexual women Kisangani 2. Create income-generating activities.	<ul style="list-style-type: none"> • No funding
OS	2016	Not yet	Goma	Sensitisation on self identity and personal security	<ul style="list-style-type: none"> • No funding

Recommendations

1. Technical and financial resources for capacity building in organisational management and the development and management of the project/programmes should be provided to the LGBT organisations;
2. LGBT organisations should put in place fundraising and financial management policies;
3. Partners and LGBT organisations should mobilise resources from donors for the operation of executive offices of the organisations;
4. With technical help from partners, LGBT organisations should refine areas of intervention to focus on specific and achievable missions and programs;
5. LGBT organisations across the country should define among them the engagement with national agencies and mainstream organisations working on LGBT/MSM and HIV issues;
6. Collective resource mobilisation and increased networking by the Dynamique network with mainstream organisations to set strategies against existing threats of Steve Mbikayi's anti-LGBT Bill and define strategies to push for legislations and policies that protect LGBT individuals;



SEX WORKERS

Key Observations

- Most sex workers are not part of organisations and tend to operate as individuals or small groups with informal setups based on geographical location;
- Challenges in transparency of most organisations;
- Only one organisations operates at a national level and it focuses on female sex workers only; and
- Most organising has a focus on urban areas

The sex worker movement in DRC is built on the most part to address issues faced by female sex workers. There is little visibility of or programming that targets transgender and male sex workers. In Kinshasa, BC is the only sex worker organisation that has male, female and trans sex workers as their constituents.

Even though most focus is on female sex workers, it was reported that most sex workers particularly those in rural settings are not part of formal organising and tend to operate in smaller informal groups that are typically based on their location of work. These groups serve as support networks as many sex workers do not enjoy the support of their families. This was reported to be the case particularly in Lubumbashi and Kisangani. Members of these groups often stay together in the same house or in the same neighbourhood.

Umande is the only organisation with a national network, whose representation is reported at the provincial level. Sections at the provincial levels are structured down to the local satellite cells based on streets or quarters of operation. The network is reported to have the thematic focus on health and safety advocacy and facilitation and engagement and sensitisation of law enforcement and local authorities. However resourcing remains a consistent challenge that is further worsened by a reported lack of transparency and equitable allocation of available resources particularly to satellite operations.

Most of the Umande satellite groups source for funding through member contributions which contributions are used to address arising situations such as medical emergencies as well as to support additional income generating ventures. The Goma based satellite division for example reported that they have neighbourhood meetings through which members contribute 500 francs (about \$0.5) with a target of amassing 10,000 francs within the said contribution period. Once the collections get to 100,000 francs they give each member about 1000 francs to start a separate income generating activity to complement their existing incomes or use it to address health needs.

SEX WORKER ORGANISATIONS IN DRC

Name	Creation Date	Registered?	Location	Focus/ Area of Work	Allies and Resourcing
BC	2014	Not yet	Kinshasa	1. Raising awareness on HIV/AIDS; 2. Socio-cultural activities - dancing, modeling as a means to attract other MSM, sex workers and lesbians. 3. Income-generating activities e.g. the barbershop which also serves as headquarters for the organisation.	Self-funding through membership fees and income generating activities. No external donor currently.
DF	2015	Not yet	Kinshasa	Raising awareness on HIV and AIDS within the Lesbian, bisexual and female sex worker communities; Income generating activities	No funding.
AL	2010	Not yet	Bukavu	Promotion of the human rights of female sex workers	No funding
Sex-workers group in Lubumbashi	2016	Not yet	Lubumbashi	1.Raising awareness on HIV and AIDS 2.Income generating activities	No funding
NSA	2010	Yes	Kalemie	Health particularly HIV testing and treatment for LGBT and SW SGBV Human Rights advocacy Income generating activities	Currently funds are raised from part of the income generated by a health centre owned by the Executive Director
USK	2015	Yes	Bukavu	1.Advocacy and protection of female sex workers. 2.Income generating activities	Self-funding through membership fees; Various grant from ASWA and NSWP
UNK	2015	Not registered	Goma	1. Raising awareness of sex workers on health issues; 2. Income-generating activities; 3. Advocacy for the rights of sex workers. 4. Health and human rights.	Self-funding through membership fees. Funding from the National Program for the Fight against AIDS as a grantee of PSSP in 2016.

Recommendations

1. Technical and financial resources for capacity building in organisational and programme management for sex workers organisations;
2. Core support to facilitate operation of the organisations;
3. Networking between organisations in the region and an exploration of mentorship to facilitate learning and shared experiences;
4. Development of joint oversight committees to enable greater transparency and collective strategising within and between organisations;
5. Develop programming that facilitates the training peer educators to increase sources of information for sex workers;
6. Increased programming for Transgender and male sex workers;
7. At the national and local levels, organisations can collectively strategise on engaging the development of a comprehensive policy for the acquisition and distribution of condoms and lubricant gels to reach a large number of sex workers across the country;
8. Build the capacity of the sex worker community to facilitate participation in policy making process on access to health care for their community;
9. Training and capacity building of medical and health care staff on the issues specific to sex workers;
10. Health care providers should establish no-discrimination policies and guidelines to improve access of sex workers to the health care in friendly centres;
11. Lobby and advocate for the development of specialised health centres to treat sex workers to improve their access to health care

ALLIED ORGANISATIONS

Si Jeunesse Savais

Si Jeunesse Savais (SJS) is a non-profit association of young feminists, mainly specialising in developing leadership capacity in the fields of:

- Sexual and reproductive rights,
- Use of information and communications technology;
- Entrepreneurship.

Some respondents however cited issues arising in the relationship between Si Jeunesse Savais and the LGBT community due to alleged misappropriation of funds and false reporting on engagement of the community as well as a misrepresentation of community issues.

That said, it was also reported that the organisation inspired the start up of most of the emerging organisations particularly in Kinshasa.

Francophone LGBTI Advocates Initiative (FLAI) project

In partnership with African Men for Sexual Health and Rights (AMSHeR) and Global Initiative for Human Rights, Heartland Alliance, SJS was to coordinate the activities of the FLAI project in the DRC before withdrawing from the initiative.

SJS and FLAI project has seen the emergence and strengthening LGBT organisations particularly in Kinshasa. Organisations in Goma and Bukavu benefit

from the project through MOLI in Burundi owing to the geographical proximity. Members of the various organisations benefited from six training modules on organisational development, management, documentation of violations of human rights on basis of sexual orientation and gender identity, as well as security.

The withdrawal of the SJS from the FLAI project has resulted in a noticeable delay of the continuation of the project aimed at providing small grants to LGBT organisations. LGBT organisations in Kinshasa continue to use the office of SJS as a meeting space.

CordAid

CordAid has its headquarters in Kinshasa and is the principal recipient of Round 8 funding from the Global Fund. This organisation also provides lubricants.

Progrès Santé Sans Prix (PSSP)

PSSP was established in 1999 on the campus of the University of Kinshasa in order to promote health at work and the fight against HIV/AIDS in academia. It is a sub-grantee of the Global Fund. Its scope of work covers activities that target LGBT and sex workers in the eastern part of the DRC, particularly in the provinces of the former Equateur Province, North and South Kivu and the former Katanga. PSSP opened a LGBT/SW friendly centre in Kisangani and Bukavu.

Parlons Sida aux communautés (PASCO)

PASCO is a non-governmental organisation operating in Kinshasa. It primarily focuses on the prevention of HIV/AIDS in schools since 2003. It is also a sub-grantee of the Global Fund and conveyed intentions of developing programming that caters to sex worker and LGBT people in the provinces of Kinshasa and the western region.

FOSI

The *Forum SIDA* is a Platform of NGOs/CBOs to fight against HIV/AIDS and sexual and gender-based violence. It has helped facilitate LGBT and SW group meetings through hosting the said meetings at their North Kivu offices..

Matonge Health Centre

This health centre, despite its limited means, provides health care to the SW community in Kinshasa.

Government institutions

1. Country Coordination Mechanism – CCM
2. National Multi-Sectorial Programme for the Fight against AIDS – PNMLS
3. National Independent Commission on Human Rights - CNIDH

UN agencies

UNAIDS and UNDP played an important role in advocacy against the draft law criminalizing sex between two people of the same sex sponsored by MP Steve Mbikayi. Both agencies are also identified as allied to the SW community.

Embassies

The embassies of South Africa, Canada, Belgium, Holland, Great Britain and Sweden have consistently supported advocacy efforts against the law proposed by Steve Mbikayi at the National Assembly.

CONCLUSIONS AND RECOMMENDATIONS

The DRC has great potential to develop strong LGBT and sex workers' movements. However, LGBT groups and individuals and sex workers are facing major constraints that require great individual and organisational commitment, in addition to a positive attitude from the government and constant support from allies and donors.



LGBT

At the organisational level

1. Mobilise resources from donors and technical support organisations for capacity building of LGBT organisations in organisational management and the development and management of the project/program;
2. Mobilise resources from donors for the operation of executive offices of the organisations;
3. Refine areas of intervention to focus on specific and achievable actions according to the capacity.
4. At programs/projects level
5. Develop programs to educate the youth about human rights, including issues of sexual orientation and gender identity, through the Internet and new communications technologies, radio and other innovative means depending on the location;
6. Develop educational programs for the society in general to fight against ignorance on issues of sexual orientation and gender identity;
7. Conduct self-esteem building projects for members of the LGBT community;
8. Create training centres for vocation training, literacy projects and undertake income-generating activities.

At the advocacy level

1. Develop a strategic plan to fight against the bill sponsored by MP Steve Mbikayi;
2. Develop an advocacy policy in favour of legislation to protect LGBT individuals;
3. Popularise among national, local authorities as well as the police, Law No. 08/011 of 14 July 2008 on protection of rights of people living with and those affected by HIV/AIDS;
4. Advocate for capacity building of police officers on issues of human rights, include issues of sexual orientation and gender identity;

5. Engage in dialogue with the police on issues of LGBT rights and encourage a positive attitude to complaints made by LGBT people to the police;
6. Strengthen cooperation with human rights organisations and ensures their support and solidarity.

Access to health

1. Strengthen the training of peer educators;
2. Develop a policy for the acquisition of condoms and lubricant gels and submit it to partners for its implementation;
3. Create specialised centres for the treatment for LGBT people;
4. Arrange transport for poor LGBT people who need treatment;
5. Advocate for capacity building for the nursing staff on LGBT issues and on improving reception of LGBT people in friendly healthcare centres.

Solidarity with emerging organisations

1. Encourage LGBT people from Lubumbashi and Kisangani to organise themselves into associations.

SEX WORKERS

1. Mobilise resources from donors and technical support organisations for building capacity of sex worker organisations in organisational management and the development and management of projects/programs;
2. Mobilise resources from donors for the operation of executive offices of the organisations.

At programs/projects level

1. Develop program to sensitise the police, the army (FARDC) and intelligence services on violence against sex workers and the legal context of sex work in the DRC;
2. Conduct self-esteem building projects for members of the SW community;
3. Create training centres for vocation training, literacy projects and undertake income-generating activities.

The advocacy level

1. Develop an advocacy policy for legislation that protect sex workers;
2. Advocate with the Ministry of Health for the reinstatement of registration or health cards for sex workers;
3. Popularise among national and local authorities, the police and the army (FARDC), Law No. 08/011 of 14 July 2008 on the protection of rights of people living with and those affected by HIV/AIDS;
4. Engage in dialogue between the police and the SW community and encourage a positive attitude to the complaints made by sex workers to the police;
5. Strengthen cooperation with human rights organisations and organisations that fight against AIDS.

Access to health

1. Strengthen the training and the network of sex worker peer educators;
2. Develop a policy for the acquisition of condoms and lubricant gels and submit it to partners for its implementation;
3. Create specialised centres for the treatment of sex workers and their dependents;
4. Acquire a vehicle for the transport of poor sex workers who need treatment;
5. Advocate for capacity building for the nursing staff on the on the principles of non-discrimination against sex workers and on improving reception of sex workers in friendly healthcare centres.
6. Develop advocacy tools specific to sex workers and make them available for peer educators.

National institutions to fight against AIDS (PNMLS, CCM)

1. Provide the necessary support to LGBT people and sex workers;
2. Involve LGBT and sex workers in decision-making discussions regarding their community in the fight against AIDS;
3. Ensure that national laws do not curb the advances made in the fight against AIDS;
4. Report the harassment and ill-treatment suffered by LGBT people and sex workers;
5. Advocate for the implementation of laws that protect LGBT people and sex workers.

Allied non-governmental organisations

1. Provide the necessary support to LGBT people and sex workers;
2. Report the harassment and ill-treatment suffered by LGBT people and sex workers;
3. Advocate for the implementation of laws that protect LGBT people and sex workers.



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