A Comprehensive Approach to Providing Services to Survivors of Sexual and Gender-Based Violence in the Democratic Republic of Congo: Addressing More than Physical Trauma

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IMA World Health

IMA World Health is a faith-based nonprofit that helps developing communities overcome their public health challenges. Founded in 1960, IMA World Health has offices in Haiti, Tanzania, Kenya, South Sudan, Democratic Republic of Congo and Indonesia.

**Mission:** Build healthier communities by collaborating with key partners to serve vulnerable people.
For over two decades, the Eastern DRC has been plagued by armed conflict and humanitarian crisis.

SGBV is a tool of war. Militia groups and Congolese army are guilty of war crimes, human rights abuses, rape and other SGBV.

In Eastern DRC, SGBV affects 39.7% of women and 23.6% of men (Johnson et. al., 2010).

SGBV is associated with serious adverse medical, psychological, economic, and social outcomes for survivors, their families, and communities.
The Ushindi Project

- $24.5 m
- 2010--2017 by IMA World Health, HEAL Africa, Fondation Panzi, Programme de Promotion des Sois de Santé Primaires (PPSSP) and the American Bar Association Rule of Law Initiative (ABA-ROLI)

- 13 health zones
- 108 health areas
- 1,118 villages
- Population of 1.6 m
- Support to > 30,000 survivors
SGBV as a Tool of War in Eastern DRC

SGBV reported by Ushindi survivors:
• rape (60%),
• emotional/psychological violence (14%)
• physical harassment (11%)
• sexual harassment (4%)
• denied resources/opportunities (3%)
• other (7%)
Approach: “To overcome”

• Key faith leaders and community groups (*Noyaux Communautaires*) serve as POC for SGBV survivors
  – identify survivors
  – provide psychosocial support
  – refer to medical, legal, and livelihood services

• *Noyaux Communautaires* play critical role in community education for SGBV prevention and response, women’s rights, and FP
Ushindi Strategies

• **Medical:** > 17,500 survivors received medical care (PEP kits, treatment for STIs, trauma, fistula)

• **Psychological:** > 30,000 received counseling including Cognitive Processing Therapy

• **Legal:** > 16,000 received legal counseling; >3,000 cases of SGBV brought to court. Mobile legal services were an important innovation
Strategies, cont.

- **Socio-economic**: > 45,000 participated in village S&L associations, livelihood grants.
- **Capacity building**: >5,500 trained in care of survivors and prevention (health, legal & community workers)
Behavior Change Communication: > 1.7 m reached

Strengthen organizations: 1,500 organizations formed, equipped and strengthened to respond to SGBV
Strengths of the Ushindi Model

• Builds on the trust, moral stature and networks of local FBOs
• Effectively responds to range of social, medical and psychological needs of survivors and their families
• Support DRC’s health system in a resource-poor and fragile environment
• Builds local capacity to address the needs of survivors
Recommendations, Lessons Learned

• FBOs should be leveraged to expand SGBV services; can extend the reach of services, change cultural norms and beliefs, and improve sustained impact

• Income generation opportunities help mitigate the economic challenges resulting from stigma and ostracism; and can engage communities in gender violence and equity discussions
Recommendations, cont.

• Further research to target services to various age groups/genders, and identify un-met need among highly stigmatized or hidden at-risk groups
• Targeted pilot interventions may be key to providing the services needed by sub-groups of survivors
• Creating a broader community-wide discussion of the beliefs, practices and norms that contribute to SGBV will be necessary to prevent SGBV
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