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PROGRAM BRIEF: C-GBV HOLISTIC SEXUAL- AND GENDER-BASED VIOLENCE PREVENTION AND RESPONSE MODEL

Eastern DRC has experienced two decades of political and economic instability, fostering a cycle of discontent, conflict, and violence. An estimated 53.4% of women have experienced intimate partner violence in their lifetime.¹ Traditional gender norms and power imbalances within society also contribute to the cycle of sexual and gender-based violence (SGBV), with the normalization of harmful practices such as early marriage. Without proper services, SGBV survivors are at risk for a number of medical challenges, including sexually - transmitted infections (STIs), HIV/AIDS, and rape-related pregnancy. SGBV survivors in eastern DRC also often face challenges in regaining their daily functioning and struggle to reintegrate into their communities. Negative social stigma drives partners and families to abandon survivors following a sexual assault, particularly in cases that result in pregnancy. Unfortunately, access to and uptake of SGBV response services remains low in much of the DRC.

KEY PROGRAM ELEMENTS

In this context, the USAID C-GBV Project supports communities and local governments in eastern DRC to prevent and respond to SGBV. Implemented in five health zones of North and South Kivu provinces, the project aims to help reintegrate survivors successfully within their communities through holistic medical, psychosocial, legal, and socio-economic support, while disrupting the broader cycle of inter-generational SGBV. IMA World Health leads a consortium of local and international partners: HEAL Africa, Panzi Foundation, the American Bar Association-Rule of Law Initiative, Search for Common Ground, University of Washington, and Johns Hopkins University. The C-GBV Project adopts an integrated approach to **Prevention**, **Response**, and **Reintegration** of GBV, as depicted in Figure 1.

1 NORC. CGBV in Eastern DRC: Baseline Report. May 2019.

Communities are empowered and equipped with the tools and skills to effectively prevent and respond to GBV.

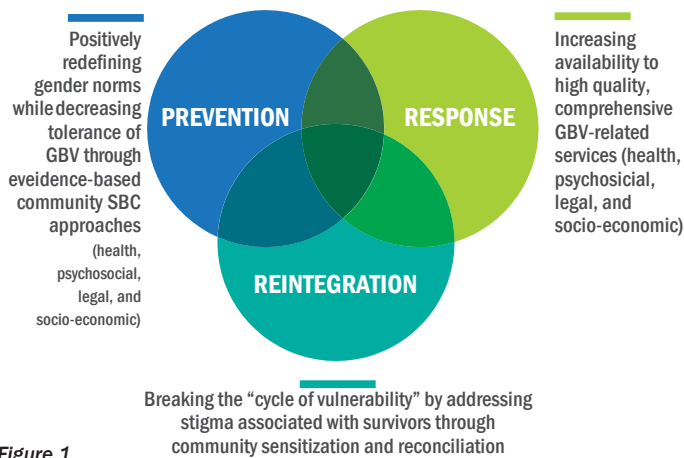


Figure 1

SURVIVOR SUPPORT:

Core elements of the CGBV holistic package include:

1. IDENTIFICATION AND INTAKE:

SGBV and GBV survivors are offered support services through several strategies. At the **community level**, the project trains members of existing community health committees — known as CODESAs — to act as GBV prevention and response teams. These include nurses, faith leaders, teachers, chiefs and traditional leaders, activists, and counselors. The committees work to spread messages about available voluntary services for SGBV survivors. Project-trained lay psychosocial counselors (Psychosocial Agents), known as APS, support survivors throughout the process.

Survivors may also drop-in or be referred to C-GBV **Social Centers**. The project operates Social Centers in each project health zone to act as a one stop shop for holistic GBV support services for survivors (including psychosocial, legal, literacy, and socio-economic support). The Social Centers also provide temporary lodging for women who may need to flee their homes. These Social Centers complement community- and health facility-level GBV response services, and coordinate closely with them to ensure survivors receive quality and appropriate services.

At **facility level**, clinicians at the project’s affiliated government health centers offer medical services to clients who present with GBV injuries, linking them to an APS to ensure that they receive other survivor services.

2. SCREENING AND ASSESSMENT:

Project-trained APS and clinicians conduct an initial GBV assessment that enables the project to tailor the GBV response package to survivor needs. For example, survivors who do not improve with standard lay counseling may be offered longer-term more intensive psychological support. Survivors who need to leave their homes and partners may receive more intensive socio-economic services. The APS also serves as de facto case managers for SGBV survivors, helping them access the full range of holistic services through the program.

3. HOLISTIC RESPONSE SERVICES:

Based upon their screening and needs, survivors receive varying levels of the following GBV response package:

MEDICAL SUPPORT: The C-GBV project works closely with 86 health facilities to provide free and confidential medical care for adult, adolescent, and pediatric SGBV and GBV survivors. All SGBV clients receive presumptive STI treatment, optional HIV counseling and testing services, and treatment of their physical injuries as part of the SGBV clinical package. SGBV survivors presenting within 72 hours of an assault also receive post exposure prophylaxis (PEP) treatment to prevent HIV and emergency contraception to prevent pregnancy. Survivors with extensive physical injuries (e.g. fistula or vaginal prolapse) are referred to higher-level, tertiary health care (partner HEAL or Panzi Hospitals) for specialized surgery and rehabilitation, covered by the project.

PSYCHOSOCIAL SUPPORT: the project provides high quality and locally-tailored mental health support for SGBV survivors, helping them heal psychologically, regain daily function, and reintegrate within their communities. All GBV survivors receive at least one week of counseling from project-trained APS (lay counselors) upon initial enrollment. Survivors who do not improve through lay counseling and who may be experiencing post-traumatic stress disorder are referred for higher-level cognitive processing therapy (CPT) counseling — an evidence-based, group psychotherapy approach conducted over 12 weekly sessions — to meet these needs.

LEGAL SUPPORT: the project helps SGBV and GBV survivors pursue and attain justice as a key strategy for reinforcing zero tolerance for GBV. For GBV criminal offenses, project lawyers — based at Social Centers — provide counsel, prepare cases for prosecution, and support and represent survivors in the legal process. The project also facilitates mobile, government-run court services as an important

strategy for increasing access to the judicial system at the local level. Community-based paralegals increase access to legal support for GBV survivors located far from Social Centers, providing mediation and reconciliation services, family and labor law guidance, and assist with inheritance issues as well as helping prepare cases for court.

SOCIO-ECONOMIC REINTEGRATION SUPPORT: The C-GBV project's socio-economic reintegration approach addresses the social stigma and economic needs of survivors. Specifically, the project helps launch and scale-up community-based Village Savings and Loan Association Plus (VSLA+) groups. Mentorship and education during VSLA+ start-up places women in decision-making roles, enhances communication around gender issues, improves their negotiating power in relationships, and promotes gender equity. The project also offers courses for SGBV survivors to improve their literacy and numeracy skills — a critical component of economic well-being.

4. DISCHARGE:

Once survivors exit the program, community APS can provide any follow-up support needed as they are based within the community.

SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION (SBC) FOR PREVENTION AND AWARENESS:

the C-GBV project works closely with existing community structures and leaders to prevent SGBV, breaking the cycle of violence. Specifically, the project works with existing community-based health committees — known by their acronym CODESAs — to implement SBC prevention and awareness activities as well as to ensure survivors access services. With project training and mentorship, CODESAs convene dialogues on gender norms and equality, conduct GBV awareness campaigns, increase awareness of services and refer GBV survivors for holistic care. The project also implements couples counseling discussion groups as a GBV norms-based intervention. The SBC approaches focus on mobilizing young people as gatekeepers to inter-generational and sustained GBV change. Youth clubs serve as a platform for GBV norms change, and act as a first stop to report violence, with trained peer counselors to support and provide referrals.

RESULTS (THROUGH YEAR 5/FY22)

24,670 GBV survivors reached with GBV services, approximately 80% were women and 30% were >18.

- **MEDICAL SUPPORT:** 7,720 **GBV survivors** received with SGBV case management and health services, with nearly every eligible SGBV survivor (99%) receiving a PEP kit within 72 hours, protecting him/her from contracting HIV, STIs, and/or unplanned pregnancy.
- **PSYCHOSOCIAL SUPPORT:** 22,624 **SGBV and GBV survivors** received psychosocial support through the program, including trauma-related counseling, screening for severe symptoms, and/or CPT. Participants who completed CPT therapy reported a significant reduction in their mental health symptoms and improvement in their daily functioning.²
- **LEGAL SUPPORT:** 7,003 SGBV and GBV survivors received legal support. Of the 27 judgments rendered in year 5, 16 resulted in conviction. 6,309 GBV-related disputes resolved through ADR to date.
- **SOCIO-ECONOMIC REINTEGRATION:** The majority of the project-supported VSLA+ groups (904 groups to date, with 28,462 members) seeded small businesses among members through rotating payouts and small loans, potentially increasing the longer-term economic stability of members. 732 GBV survivors participated in VSLA+s to date.
- **SGBV PREVENTION:** 2,403 community-based groups, including youth clubs strengthened to date to initiate and lead activities to prevent and respond to SGBV, increasing their ability to actively speak out to prevent GBV.

2 Kaysen, D. et al. Expanding Availability of CPT Psychotherapy Services in Eastern DRC. Presentation to Sexual Violence Research Initiative Forum, Cape Town. Nov. 2019.

