USAID
FROM THE AMERICAN PEOPLE

IMA WORLD HEALTH

REDUCING GENDER-BASED VIOLENCE THROUGH FAMILY PLANNING

The Tushinde Approach

FAMILY PLANNING IN THE DRC

IMA World Health's Counter Gender-Based Violence (C-GBV) project, known locally as Tushinde Ujeuri, (2017 to 2023), aimed to reduce the prevalence of gender-based violence (GBV) common in DRC by strengthening communities' capacity to prevent and respond to the drivers of violence.

Increasing coverage of family planning in the DRC is one of the most effective ways to reduce infant and maternal mortality. DRC's annual population growth rate of 3.2 percent ranks among the highest in the world, placing fifth worldwide and second highest in Africa. Cultural norms favor high fertility rates, thus driving the growth. The vast majority of women (88 percent) and men (95 percent) are familiar with at least one modern method of contraception. However, only 20 percent of married women are using any method of contraception and only eight percent are using a modern method. In fact, the 2013-14 DHS results show that 28 percent of married women have an unmet need for family planning.

THE INTERSECTION OF GENDER-BASED VIOLENCE AND FAMILY PLANNING

GBV intersects with broader issues of gender inequality and reproductive rights. Family planning services, when inclusive and sensitive to the needs of GBV survivors, can contribute to the promotion of reproductive rights and gender equality.

The connection between GBV and family planning revolves around addressing the reproductive health needs of survivors, promoting autonomy and empowerment, preventing unintended consequences of violence, and offering comprehensive suppor that extends beyond contraception. Integrating family planning into the care of GBV survivors contributes to a holistic approach to their well-being.

GBV may involve reproductive coercion, where individuals are forced or manipulated into certain reproductive choices, such as having children or using/not using contraception. Family planning services can empower survivors to regain control over their reproductive decisions, offering a range of contraceptive options and information to make informed choices.

GBV, especially sexual violence, can lead to unintended pregnancies. Family planning services play a crucial role in helping survivors prevent unintended pregnancies through access to contraceptives, emergency contraception, and comprehensive reproductive health education. Sexual violence also increases the risk of sexually transmitted infections (STIs). Family planning services often include education and resources for STI prevention, promoting sexual health and well-being among survivors.

Survivors of GBV may need comprehensive reproductive healthcare that goes beyond contraception. Family planning services can serve as a gateway to other aspects of reproductive health, including screenings for reproductive tract infections, cervical cancer, and overall gynecological health.

GBV often involves a loss of control and power. Family planning services empower survivors by providing information, education, and resources that allow them to make autonomous decisions about their reproductive health. Family planning services can serve as a link to broader support services for GBV survivors, connecting them with healthcare, legal assistance, counseling, and other resources to address the various dimensions of their experience. This empowerment and access to appropriate care is crucial for survivors to regain a sense of control over their lives.

YOUTH, FAMILY PLANNING, AND GENDER-BASED VIOLENCE

Family planning services are particularly important for adolescents and youth for several reasons, as they contribute to the overall well-being and empowerment of this demographic group. Adolescents and youth have diverse needs and preferences when it comes to contraception. Adolescents and youth may be at a higher risk of unintended pregnancies due to factors such as experimentation, lack of awareness, or limited access to contraceptives. Early and unplanned pregnancies can disrupt education and career goals for adolescents and youth, many of whom may face stigma or desertion by their families due to cultural norms dictating marriage and pregnancy.

Adolescents and youth may face higher risks of maternal and infant mortality in the case of early and unplanned pregnancies. Family planning services empower adolescents and youth to make informed decisions about their bodies, relationships, and reproductive futures, promoting a sense of autonomy and responsibility. These services contribute to reducing these risks by enabling individuals to delay pregnancy until they are physically and emotionally ready to become parents.

In settings where access to safe abortion services is limited, family planning services become crucial in preventing unintended pregnancies and, consequently, reducing the likelihood of unsafe abortions among adolescents and youth.

Though GBV persists in many forms, sexual violence, early or forced marriage, and intimate partner violence are unfortunately common occurrences in the DRC. Twelve percent of adolescents under 15 years old and 39 percent of youth aged 15 to 18 years are estimated to be in forced or early marriages. They are often underinformed about available services and ill equipped to advocate for their reproductive healthcare needs.

BARRIERS TO FAMILY PLANNING

At the onset of the Tushinde project, a joint situation analysis and rapid needs assessment on the provision of family planning services was carried out in 86 targeted health areas. In partnership with the National Program of Sexual and Reproductive Health in North and South Kivu provinces, IMA identified the following key gaps in service provision:

Limited access to tailored family planning information, care, and services, particularly for youth and adolescents.

Lack of sustainable and consistent supply chain for modern methods of family planning.

Lack of healthcare staff and community volunteers trained in family planning counseling and modern methods of contraception.

THE TUSHINDE APPROACH

The Tushinde project addressed these issues by supporting the supply chain for family planning commodities, training healthcare providers, and leveraging community groups to raise awareness about family planning and reproductive health services.

Supply Chain

Supporting the supply chain of family planning commodities required close collaboration with the DRC Ministry of Health, USAID, and local and international actors. The DRC's Office of Sexual and Reproductive Health played a key role in the centralization and review of each supported health zones' contraceptive orders, which were validated by IMA and provided by USAID's Global Health Program via partner Chemonics. GBV survivors needed support in making informed decisions about their reproductive health. Family planning services provided them with information and access to a range of contraceptive methods, allowing survivors to make choices that align with their reproductive goals.

Family planning services further helped survivors access contraceptives to prevent unwanted pregnancies, providing them with a sense of control over their reproductive lives.

Strengthening Capacity of Local Health Workers

One hundred and forty-nine community health workers were trained in GBV prevention and response, modern contraceptive options, and sexual and reproductive health for adults, adolescents, and youth. These community health workers are now actively involved in counseling and

provision of modern contraceptive methods within the health zones. The Tushinde team provided regular coaching and support to trained community health workers including nurses, midwives, and physicians in supportive supervision visits.

Raising Awareness

The Tushinde project strengthened four main primary community groups: the Community Health Development Committees (known locally as CODESA), Youth Clubs, Men's Engage Discussion Groups, and Parent and Teacher Associations. These groups were actively involved in raising awareness and spreading messages about GBV prevention, family planning resources, and sexual and reproductive rights. Family planning services included sexual health screenings and education, ensuring survivors received appropriate care and support.

Family planning services also included counseling and support, addressing the survivor's mental health and well-being. This holistic approach helped survivors cope with the aftermath of violence and make informed decisions about their reproductive health.

In the Tushinde project, family planning services played a critical role in educating survivors about their reproductive rights and options. Empowering survivors with knowledge and resources helped them regain control over their lives and make choices that align with their values and preferences.

Making an Impact

4,254 volunteers from supported community groups continue to raise awareness to increase knowledge and community buy-in for family planning interventions. These volunteers are helping reduce the risk of early marriage and pregnancy, and prevent sexually transmitted infections and diseases.

60,641 individuals (34,608 female, 26,033 male) received family planning messages through community group dialogues and radio broadcasts.

Supported health facilities reported zero stockout of contraceptives throughout the Tushinde project and continue to offer at least three contraceptive options.

131,390 new acceptors received their preferred modern contraceptive method free of charge.

LESSONS LEARNED FOR IMPROVED FAMILY PLANNING PROGRAMMING

Against the backdrop of armed conflict and accessibility challenges, the Tushinde team learned valuable lessons to improve family planning service delivery.

Securing a supply chain for the most frequently-requested contraceptive methods is critical for ensuring family planning needs are met. This is best accomplished through close coordination between donors, such as USAID and UNFPA, and local actors on the ground who are trusted and able to access even the most rural health facilities.

Investing in healthcare worker training is as important as ensuring stock of family planning commodities. Under-informed staff are not able to serve communities, nor are they able to advocate for the inclusion of vulnerable groups in family planning service provision.

Socio-cultural norms often fuel negative perceptions of family planning. Messaging through trusted individuals and groups, and regular dialogue, is necessary to reduce barriers to family planning. Engaging men is also critical in supporting women to realize full decision-making autonomy.

Ensuring family planning commodities are available free of charge is essential to avoid unintended discrimination against vulnerable populations.

Family planning services can act as a gateway to comprehensive healthcare for GBV survivors. This includes access to medical services, counseling, legal support, and other resources to address the physical, emotional, and legal aspects of their experience.

131,390 NEW ACCEPTORS

received their preferred modern contraceptive method free of charge.

4,254 COMMUNITY-LED VOLUNTEERS

from different supported groups continue to raise awareness and increase knowledge of family planning interventions aimed to reduce youth risk to early pregnancy and sexually transmitted infections.

ENGAGING MEN IS KEY

Mr. Ombeni Cihonzi and his wife Mrs. Rosee Makungu Neema are participants in the Men's Engage group in Katana Health Zone.

To improve attitudes about women's value in the community, the USAID-funded Tushinde Ujeuri program engages men and young people to change cultural attitudes about women. This married couple participates in the Men's Engage group in the small village of Katana in the eastern part of the Democratic Republic of Congo.

Men meet for five sessions in one group and women in another. In the final (sixth) session, the two groups meet together. In the groups, people list problems they experience with their spouses. The women's lists usually include 'he beats me when he gives me a little money and I don't know where the rest goes,' and infidelity.

"WE MEN DIDN'T KNOW A MAN COULD RAPE HIS OWN WIFE," SAYS OMBENI. "IF A WOMAN SAYS 'NO,' THE MAN MUST ACCEPT THAT. IT MUST BE CONSENSUAL."

"There are a lot of women who don't dialogue with their husbands," says Rosee.

PHOTO CREDIT: LAURA SHEAHEN, IMA WORLD HEALTH

ALL PHOTOS COURTESY OF CRYSTAL STAFFORD, IMA WORLD HEALTH UNLESS OTHERWISE NOTED