





PHOTO CREDIT: CRYSTAL STAFFORD, IMA WORLD HEALTH

# PREVENTING HUMAN TRAFFICKING BY BUILDING COMMUNITY AWARENESS AND RESPONSE

The Tushinde Approach

#### TRAFFICKING IN DRC

Human trafficking is a violation of human rights that not only traumatizes individuals and separates them from their families, but can also be difficult to recognize and recover from. In many cases, children trafficked are unsure of where their families are. In other cases, survivors who have been trafficked face mental health challenges as they try to make sense of the violation of their human rights. In the DRC, trafficking in persons, or TIP, is unfortunately common.

TIP survivors often struggle with limited reintegration support and lack access to legal, medical and psychosocial services. Beyond these basic needs, survivors often also require specialized support for housing, transportation, protection, and family reunification. Children and adolescents who have been trafficked or forced into labor often lack literacy and numeracy skills and require support to build self-esteem and autonomy. Often, TIP survivors are discriminated against and community acceptance for reintegration is unfortunately very low.

"The most prevalent forms of human trafficking in the DRC were forced labor, child labor, forced begging, commercial sexual exploitation (CSE), forced marriage, and forced combat. Forced labor (of adults and children) is most prevalent in mining, agriculture, construction, and the commercial sector and was found to occur in all provinces of the DRC. Domestic servitude,

child labor, forced begging, and forced marriage also occurs in every province, but is more common in larger hotspots like Kinshasa, Goma and the eastern provinces border towns."

DRC COUNTERING TRAFFICKING IN PERSON (C-TIP) ASSESSMENT, NORC 2022

IMA World Health's Tushinde Ujeuri project worked with communities to build local capacity to prevent and respond to gender-based violence (GBV) and serve vulnerable and marginalized groups by including them in access to holistic services (medical, psychological, legal and socio-economic). Survivors of trafficking are one unique group the project worked to identify and serve.

### THE TUSHINDE APPROACH TO PREVENTING TRAFFICKING IN PERSONS

The Tushinde project increased community awareness of and facilitated access to medical, psychosocial and legal support to TIP survivors through capacity building of local healthcare providers and community leaders, and mass awareness raising campaigns that targeted key actors.

Capacity building and sensitization of local healthcare providers and community leaders on TIP began with targeted interventions to equipe individuals with the basic skills needed to recognize TIP. This training covered the definition of trafficking-in-persons, how to identify victims, and appropriate case referral and reporting mechanisms.

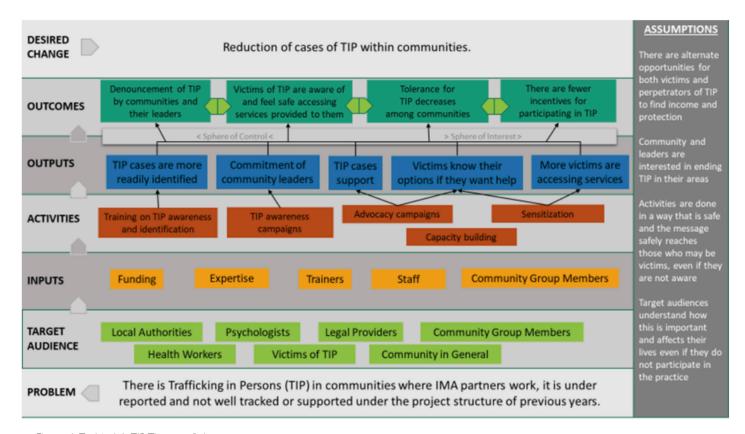


Figure 1:Tushinde's TIP Theory of change

Healthcare providers became more confident in recognizing TIP survivors, and were better able to respond with tailored care.

Advocacy and mass campaigns targeting authorities, private sector mining companies, and communities in high TIP risk areas were organized to share information on TIP identification and referral pathways to access available services. Tushinde project radio partners broadcast messages that helped popularize TIP prevention messages and encouraged survivors to seek available services.

#### **INNOVATION**

At project onset, few cases of TIP were reported. Knowing the reality of TIP in eastern DRC, IMA worked to adjust the project's approach to TIP survivor identification and care. The complementary approaches implemented in the targeted health zones allowed diverse stakeholders to share ideas and contribute to community-led strategies to prevent TIP, which further informed the Tushinde approach.

Community lack of awareness was identified as one of the main factors contributing to underreporting. The revised theory of change built with input from community leaders shifted focus to activities that empowered communities to recognize TIP and advocated with local authorities to intervene. Continuing to raise awareness among key stakeholders on the existence of TIP as a serious problem, its consequences, and the services available was also critical to address TIP.

#### **IMPACT**

Thanks to Tushinde's dedicated campaigns and efforts to raise public awareness of TIP, the project saw an increase in the identification of TIP cases and an increase in service utilization by survivors of TIP. Locally led efforts to prevent TIP also spawned from Tushinde work. In the Karisimbi health zone, the local authorities began to organize activities that targeted and dismantled locations known to tolerate prostitution of minors. Some community members reached by Tushinde TIP prevention messages realized they or their families engaged in TIP unknowingly by hiring minors who may have had no say in the matter from neighboring provinces to work as maids in their homes and resolved to work with the adolescents to return them to their families.

5,412 community influencers including healthcare providers, community leaders, journalists, youth, service providers, magistrates, lawyers, and paralegals were trained in TIP prevention or TIP victim-centered and trauma-informed services.

970 TIP survivors utilized Tushinde project services. 712 cases received medical care, 883 cases received psychosocial support, and 150 cases received legal assistance.



## 5,412 COMMUNITY INFLUENCERS

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#### **GOING FORWARD**

Truly combatting TIP in eastern DRC will require continued, coordinated effort by all local and international actors. The prevailing environment favorable to trafficking must be dismantled and awareness of human rights should be a priority for all development and humanitarian interventions. The public and private sectors also have roles to play in preventing trafficking, and through the transformation of harmful norms that tolerate TIP, this situation may continue to improve.