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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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Presentation Overview

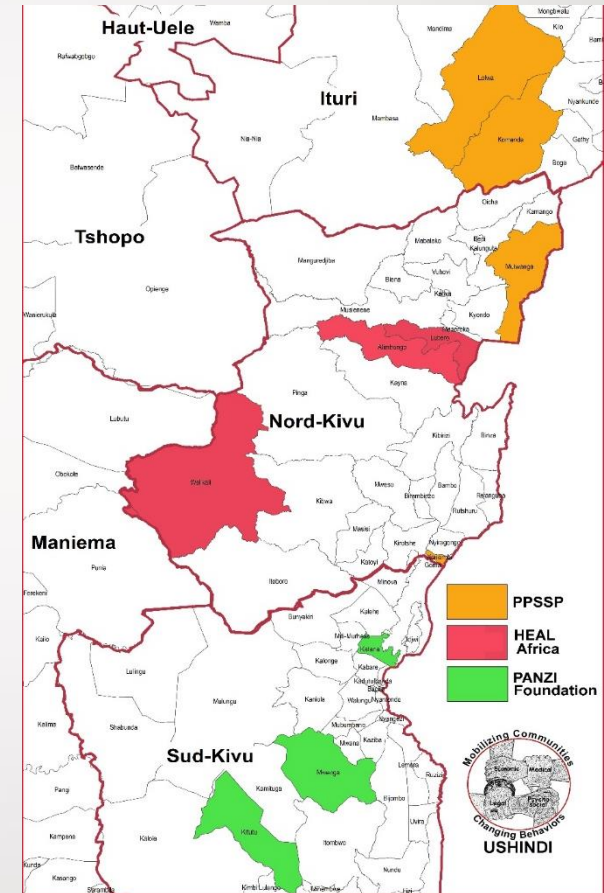
- Background
- The Multi-Disciplinary Approach Justification
- The Ushindi Model
- Project Outcomes
- Reflections on Strengths and Challenges of the Ushindi Model

Background

- For over two decades, the Eastern region of the Democratic Republic of Congo (DRC) has been plagued by an ongoing armed conflict and humanitarian crisis.
- Sexual and gender-based violence (SGBV) has been categorised as a tool of war.
 - Both militia groups and Congolese security forces have been accused of war crimes and human rights abuses, including rape and other forms of 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 million for 7 years funded by the United States Agency for International Development
- Implemented from July 2010 to September 2017 by IMA World Health and partners in response to the prevalence of SGBV in Eastern DRC – **an effort to overcome SGBV in Eastern DRC.**
- A collaborative effort between IMA, national (local) faith-based organisations (FBOs), HEAL Africa, *Fondation Panzi*, *Programme de Promotion des Soins de Santé Primaires* (PPSSP) and the American Bar Association Rule of Law Initiative (ABA-ROLI).
- To date, the project has served:
 - 13 health zones (HZ),
 - 108 health areas (HA),
 - 1,118 villages, and
 - over 30,000 survivors.



SGBV as a Tool of War in Eastern DRC

- Types of SGBV reported by survivors utilizing Ushindi services:
 - rape (60%),
 - emotional/psychological violence (14%),
 - physical harassment (11%),
 - sexual harassment (4%),
 - denied resources/opportunities (3%), and
 - other (7%)



Justification for Ushindi and a Multi-disciplinary Approach to SGBV

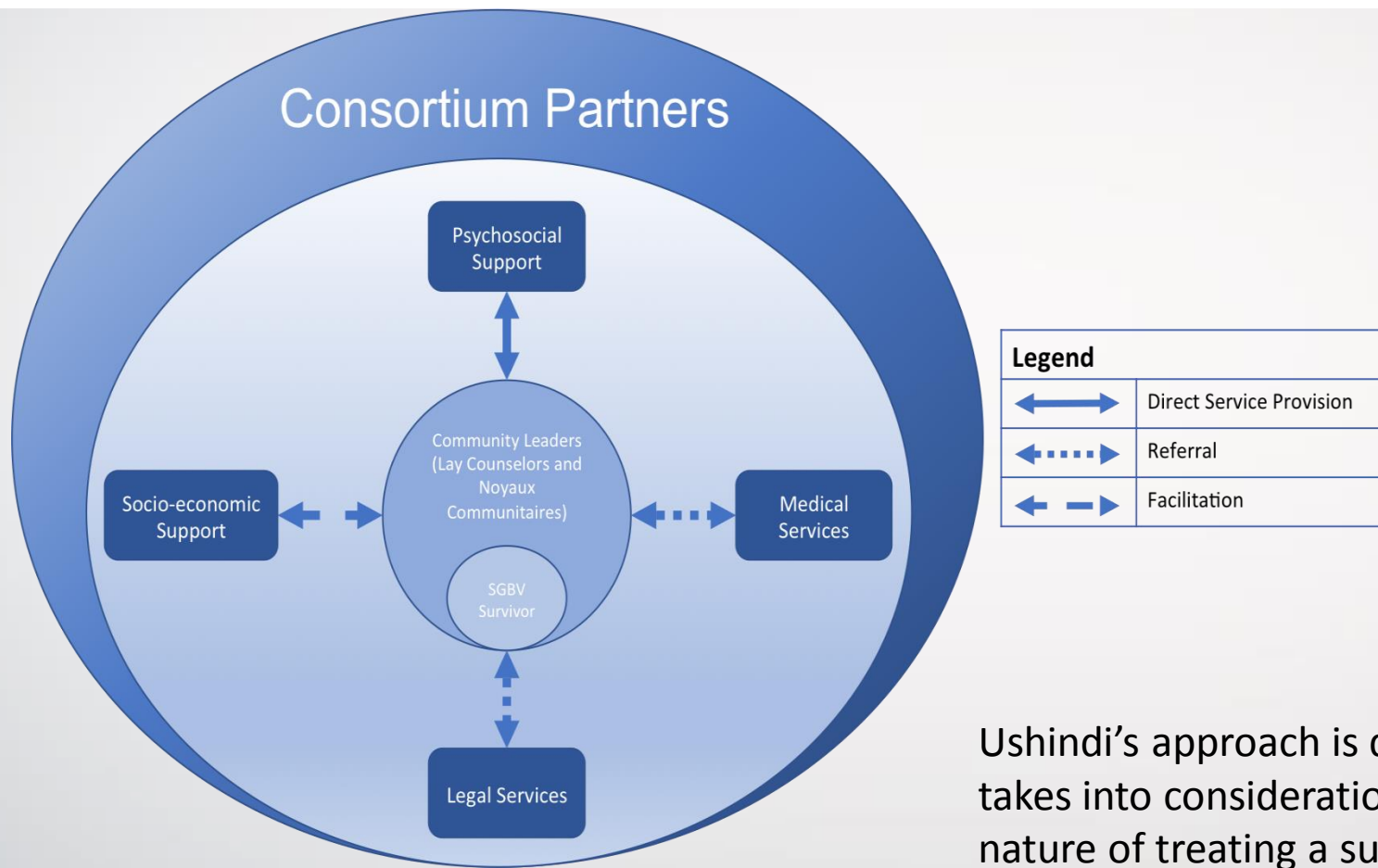
- An increased awareness of high rates of SGBV in conflict and post-conflict settings has fueled initiatives to prevent and address the consequences of SGBV.
- Most of the interventions described in the literature have taken a single-sector approach
 - e.g., the establishment of safe houses that provide only medical services to survivors.
 - These centres provide critical and urgent medical assistance to SGBV survivors, but may not address some of the other psychosocial and legal issues that survivors face.
- Psychological distress, stigmatisation, and exclusion associated with SGBV affect daily living and are in themselves barriers to accessing care (Bartels et al. 2012).
- IMA and partners implemented a strategy to address physical, mental, social, and legal issues that SGBV survivors face.

Goals of the Ushindi Project

- To increase access to timely and quality services for individuals affected by SGBV in Eastern DRC.
- To improve the quality of services and interventions for individuals and communities affected by SGBV in Eastern DRC.
- To reduce the vulnerability of individuals to future acts of abuse and violence in Eastern DRC.



A Comprehensive, Multi-Disciplinary Approach to Addressing SGBV



Ushindi's approach is distinctive as it takes into consideration the multifaceted nature of treating a survivor of SGBV.

Project Outcomes

- Since October 2010, **30,467 survivors** (19,754 adults >18 years old and 10,713 children < 18 years old) were served, exceeding the life of project goal (27,263 persons; 110%).
- In 3 of the 4 service areas, **reached over 90% of its targets.**
- Provided affordable and appropriate medical services to **17,494 survivors and their partners – 93% of target.**
- Legal services, including mobile courts, were made available to **16,339 survivors – 133% of target.**
- Psychosocial services were utilized by **30,033 survivors – 110% of the target.**



As of August 2017, 4,100 survivors have enrolled in village savings and loans associations (VSLA) for socio-economic reintegration support, approximately 46% of the project target of 8,829 survivors enrolled.

Strengths of the Ushindi Model

- Builds on the trust, confidence and networks of local FBOs to provide a comprehensive package of services, effectively reaching survivors and meeting a range of social, medical and psychological needs of survivors and their families.
- Works to support the government of DRC's health system to respond to the needs of a vulnerable population in a resource-limited and socio-politically fragile environment, and builds local capacity to address the needs of survivors.
- Utilises community leaders and local FBOs to provide services.

Challenges

- Major challenge with the uptake of VSLAs has been the buy-in amount required to join the association.
 - At US \$0.40 (428 CDF) to US \$1.14 (1,120 CDF) per share (minimum 1 share buy-in required) this is beyond the reach of most community members.
 - It has been estimated that six out of seven people live on approximately US \$1.25 (1,339 CDF) per day.
- A key concern going forward is continued sustainability of the comprehensive service delivery model.
- While there is anecdotal evidence that the *Noyaux Communautaires* remain in place after the project moved on to other areas, IMA purposely included members of the government's HZ team in all training and supervision activities.

Summary

- The Ushindi Project successfully implemented and maintains a multi-disciplinary and integrated approach to care and treatment of SGBV survivors.
- Implementing a multi-disciplinary program for SGBV survivors is attainable and can be sustainable despite the difficulties associated with working in a conflict/post-conflict environment.
- Ushindi made inroads in increasing awareness and sensitivity to the needs of survivors among health providers and communities, continued advocacy and training will be required.
- The demonstrated reach of the 4 project components over a sustained period of time indicates that involvement of community leaders and other community members (e.g., youth, men, women) have significant potential to fill a critical gap in terms of service provision to SGBV survivors in an unstable setting such as Eastern DR Congo.
- One of the important lessons from the Ushindi project was the necessity of a flexible implementation or intervention approach.

- We wish to acknowledge the survivors of sexual and gender-based violence in the Eastern DRC for their courage and resilience. We would also like to thank the numerous health workers, social workers, and other community leaders who provide much-needed services to very vulnerable populations. A big thank you goes to our implementing partners HEAL Africa, *Fondation Panzi*, *Programme de Promotion des Soins de Santé Primaires (PPSSP)*, the American Bar Association Rule of Law Initiative (ABA-ROLI), and numerous national (local) faith-based organizations.
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Thank You/Questions

Supplemental Slides

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Ushindi Health Zones, Population Assisted and Implementation Partners

Partner	Interventions	Health Zones	No of Health Areas in Zone	Total Zone Population	No of Health Areas Assisted	Total Population Assisted
IMA World Health Consortium lead	Overall coordination, capacity building, financing, commodities procurement, data management, strategic planning	Lolwa, Komanda, Mutwanga, Lubero, Alimbongo, Kitutu, Mwenga ^A ; Karisimbi, Walikale, Katana ^B	159	2,009,274	108	1,592,198
MOH	Supervision, training, data review, policy	Lolwa, Komanda, Mutwanga, Lubero, Alimbongo, Kitutu, Mwenga ^A ; Karisimbi, Walikale, Katana ^B	159	2,009,274	108	1,592,198
ABA Implementing partner	Legal services	Lolwa, Komanda, Mutwanga, Lubero, Alimbongo, Kitutu, Mwenga ^A ; Karisimbi, Walikale; Katana ^B	159	2,009,274	108	1,592,198
PPSSP Implementing partner	Medical, psychosocial, socioeconomic, community	Lolwa, Komanda, Mutwanga ^A ; Karisimbi ^B	55	938,352	36	734,286
Heal Africa Implementing partner	Medical, psychosocial, socioeconomic, community	Alimbongo, Lubero ^A ; Walikale ^B	47	600,995	36	542,831
Panzi Implementing partner	Medical, psychosocial, socioeconomic, community	Kitutu, Mwenga ^A ; Katana ^B	57	469,927	36	315,081

^A Supported 2010-present; ^B Supported 2016-present

The Ushindi Approach

- Relies heavily on key faith-based community leaders (e.g. faith counsellors) and *Noyaux Communautaires* (community core groups) to link SGBV survivors to appropriate support services from faith-based providers and facilities.
- By design, community leaders and *Noyaux Communautaires* are the first point of contact for survivors. They are trained by consortium partners to identify survivors, provide psychosocial support, and refer clients to appropriate medical, legal, and socio-economic support services.
- The *Noyaux Communautaires* play an integral role in educating the community on SGBV prevention and response, women's rights, and family planning through social and behaviour change communication (SBCC).