

SUCCESS STORY:

AIDING SURVIVORS OF GENDER-BASED VIOLENCE IN THE DEMOCRATIC REPUBLIC OF THE CONGO (DRC)

More than 18 years of conflict between armed groups and government forces in eastern DRC have resulted in millions of deaths and forced hundreds of thousands of people to flee their homes. Insecurity often has a disproportionate effect on women and girls, who are exposed to violence during their daily routines. Armed groups frequently engage in attacks on women and girls, including rape, as a means to disempower and terrorize populations. These sorts of attacks, categorized as gender-based violence (GBV), are a significant humanitarian concern in DRC.

Responding to populations affected by GBV, USAID/OFDA supports programs that provide survivors with medical and psychosocial assistance. Additionally, programs funded by USAID/OFDA in other sectors such as agriculture and water and sanitation (WASH) are designed to minimize risks for beneficiaries. For example, humanitarian agencies locate plots for demonstrating agriculture techniques in areas that women can safely access and consult displaced women in camp settings regarding placement of latrines.

In response to a surge of violence in October 2008 in Rutshuru Territory in North Kivu Province, eastern DRC, that displaced approximately 250,000 people, USAID/OFDA provided more than \$2.7 million to implementing partner Merlin for emergency medical services to support affected populations. A key component of Merlin's health program is providing assistance to GBV survivors.

PROVIDING SWIFT MEDICAL CARE TO SURVIVORS

In addition to the physical and psychological trauma it inflicts, GBV leaves women vulnerable to unwanted pregnancies, miscarriages, HIV/AIDS, and other sexually transmitted diseases. However, prompt medical treatment within 72 hours following an attack can reduce many of the health risks GBV survivors may suffer. In order to reach more affected women within the crucial three-day time period, each of the 12 Merlin-supported clinics in Kayna and Lubero territories, North Kivu Province, stocks Post-Exposure Prophylaxis Kits containing the necessary medications and supplies to treat rape survivors. In addition, Merlin staff members have trained more than 50 local health workers to treat rape cases effectively and professionally.



Rape survivor Justine talks with nurse Katungu Kavakulu at Kamandi health center (Photo courtesy of Merlin).

Late one night, Justine* and her husband woke to find an intruder dressed in military clothing standing over them armed with a knife and gun. After tying up her husband and looting what he could, the attacker dragged Justine out into the darkness and raped her. For two days, a shaken Justine wrestled with what to do. Her husband persuaded her to go to the Merlin-supported Kamandi health center nearby, where she received treatment at no cost.

Nurse Katungu Kavakulu, who treated Justine, said that without the Merlin-supported health center,

* Not her real name

Justine would have had to walk three hours to Kayna hospital for the initial treatment and four weeks of required follow-up visits, a distance great enough to discourage many women from seeking treatment. “Since the project started, women can come to the local health center just like anyone else to seek medical assistance. We’ve seen a big increase in women presenting themselves much earlier, which means better recovery,” Katungu said.

CONFIDENTIALITY IS KEY

GBV survivors are often ostracized by their communities, causing them to avoid treatment for fear of losing their jobs, their families, or their place in society. Therefore, maintaining confidentiality at all stages of treatment is crucial to encourage survivors to seek the treatment they need. Merlin-supported health centers ensure confidentiality by providing GBV treatment services in clinics that address a variety of community medical needs, allowing affected women to seek treatment without being identified as a GBV survivor. “The additional benefit of providing health services locally cannot be underestimated,” explained Paluku Mupanda, head of the local health committee in Eringeti village, North Kivu Province. “Previously, when women were referred to the hospital in Beni, over 60 km away, they had to travel with a health worker who was known to help GBV survivors. Communities are close here and people talk, especially taxi drivers. Now women can stay unidentified.”



Eringeti health center in North Kivu Province is now staffed and equipped to assist GBV survivors (Photo courtesy of Merlin).

ADDRESSING GBV STIGMAS

In addition to treating GBV survivors, Merlin staff have conducted more than 200 community education sessions at churches and markets to tell women about the newly available health services and counter the myths and stigma associated with sexual violence. “We really wanted to teach people how to recognize sexual abuse and how to advise affected women to come for treatment,” said Kakule Mutseke, head nurse at Eringeti health center. “Beyond that, there are many cultural ideas about sexual violence that need to change, which we also address.” Health workers noted significant changes in community behavior following the education sessions. “Before, many husbands refused to let their wives come to the health center after being raped,” said August Kambere, head nurse at Kamandi health center. “Now men have even started coming with their wives to the center.”



A rape survivor talks about her experiences at a Merlin-supported health center in North Kivu Province (Photo courtesy of Merlin).

LOOKING AHEAD

As conflict in North Kivu Province continues to threaten local populations, GBV remains a constant concern. USAID/OFDA recognizes that significant progress in addressing GBV will require an end to the ongoing conflict, as well as appropriate legal, psychosocial, health, and socioeconomic interventions to protect women and girls from further violence. With USAID/OFDA support, Merlin’s emergency health program has contributed to mitigating the effects of GBV on survivors and reducing the stigma GBV survivors face in their communities.