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# TUSHINDE UJEURI, COUNTER GENDER-BASED VIOLENCE (CGBV) PROGRAM

## PROGRAM BRIEF: MEDICAL SUPPORT SERVICES

In the eastern Democratic Republic of Congo (DRC), more than half of all women have experienced sexual- and/or gender-based violence (SGBV) in their lifetime.<sup>1</sup> Nearly 15% of women experienced sexual assault in the past year alone. SGBV contributes to increased sexually-transmitted infections (STIs) including HIV, rape-related pregnancy, post-traumatic stress disorder (PTSD), depression, anxiety, and social exclusion. High SGBV incidence also strains the already under-resourced, local public health system. In addition, extreme cases of SGBV and sexual mutilation require specialized surgery and extensive psychosocial support for survivors that is unavailable at most referral health facilities.

### KEY PROGRAM ELEMENTS

The USAID CGBV project, implemented by IMA World Health, strives to meet the comprehensive medical needs of adult and pediatric SGBV survivors as the first step in the broader package of survivor response services. The project works closely with 86 public health facilities and their surrounding communities to provide free and confidential medical care for SGBV survivors. Core components of the medical support package include:

**SGBV CLINICAL MANAGEMENT:** All rape survivors presenting at project-supported health facilities 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 their assault also receive post-exposure prophylaxis (PEP) to prevent HIV and emergency contraceptive pill (ECP) to prevent pregnancy. Survivors receive at least one week of lay counseling from a project-trained Agent Psycho-Social (APS), who provides onward referrals for more extensive counseling services for survivors who require it. Working with the APS, the health facility nurse follows the SGBV survivor for a one-month period through weekly visits to document health services and track service referrals (psychosocial, legal, and socio-economic support) as part of the holistic survivor response package prior to discharge.



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

To ensure the availability and quality of these medical services, CGBV has trained nurses and midwives on recognition of sexual violence and associated physical injuries in routine primary and preventative care, provision of ECP, PEP, STI, and HIV testing; recognition and management of genital-related trauma; and effective referral provision (decision making, processes, and counter-referrals). An important element of training is working with healthcare providers to document medical findings accurately following a sexual assault so that they may be potentially used for legal prosecution in court.

**SAFE SPACES:** Each health facility has established a designated safe space for SGBV survivors where they can receive active listening, counseling, and confidential health services, while awaiting further referrals to additional multi-sectoral response services or longer-term housing through Social Centers.

**TRAUMATIC GENITAL INJURY:** Survivors with extensive physical injuries (e.g. fistula or vaginal prolapse) are referred to higher-level tertiary health care at HEAL or Panzi Hospitals for specialized surgery and rehabilitation. Working with USAID's Fistula Care project, C-GBV ensures rape survivors received subsidies to cover costs of care, transportation, and subsistence while they recover.

HEAL is recognized by the World Bank as a Center of Excellence in GBV, handling more than 500 cases of violence annually and achieving a fistula and gynecological complication cure rate in excess of 99%.

#### RESULTS (THROUGH YEAR 2/FY19)

- **2,955 female and male SGBV survivors** have received medical support through the program, including 211 survivors with extensive injuries who were referred for fistula/vaginal prolapse repair and surgeries supported.
- Nearly every eligible SGBV survivor (**1,467/99%**) received a PEP kit within 72 hours, protecting him/her from contracting HIV, STIs, and/or unplanned pregnancy.
- There have been no reported stock outs of PEP kits in the **86 supported health facilities**.

#### INNOVATION: LOCAL PEP KIT PACKING AND ASSEMBLY

Within DRC, PEP kits are often unavailable, expired, or incomplete, meaning that SGBV survivors who visit health facilities miss life-saving interventions. The PEP kit procurement process is costly and time consuming, affecting availability. Traditionally, the government or donors have ordered pre-assembled PEP kits from overseas, where the various components were packaged prior to being shipped to the DRC at a cost of up to \$100 per imported kit.

Under the predecessor USAID Ushindi SGBV project, IMA began piloting an innovative and cost-effective local PEP kit approach to address these challenges in 2016. Through agreements with UNICEF and the Division Provinciale de la Santé, IMA began assembling PEP kits locally using UNICEF commodity donations. Through this approach, IMA assembled surge teams who quantified, packed, and labeled the PEP kits locally rather than importing pre-packaged kits. Under IMA's approach, the kitting teams assembled up to **3,000 kits per day** at a total cost of less than 30 cents per kit. IMA worked closely with the Provincial Director of Pharmaceuticals to provide quality assurance of the PEP kits, including a secondary review and signature on each PEP kit label. Thanks to the success within Ushindi/CGBV, USAID/OFDA now supports IMA to scale-up this innovative local PEP kitting approach throughout the DRC, reaching 13 provinces and an estimated 13,500 survivors of sexual assault.

The USAID CGBV Program supports local communities and government in eastern DRC to prevent and respond to SGBV and other forms of GBV. 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 CGBV, working in partnership with 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.



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