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PROGRAM BRIEF: SOCIAL AND BEHAVIORAL CHANGE (SBC) INTERVENTIONS

Eastern Democratic Republic of Congo (DRC) has experienced two decades of political and economic instability, fostering a cycle of discontent, conflict, and violence. A recent scoping study of CGBV health zones suggests two factors contribute to high rates of intimate partner violence (IPV) and sexual- and gender-based violence (SGBV): traditional culture and norms and exposure to (or fallout from) conflict-related traumatic events.¹ Communities normalize harmful gender practices like early marriage and IPV, perpetuating GBV/SGBV. In addition, GBV/SGBV has been historically considered a private issue, shrouded in silence. This causes survivors to experience stigma and expulsion if they speak out or access survivor services, and contributes to poor recovery rates and mental health challenges. To prevent GBV/SGBV, evidence-based and culturally-appropriate SBC interventions that address the drivers of violence and shift cultural norms are required. In addition, addressing the underlying trauma of conflict and rebuilding trust and social cohesion may help address some of the underlying mechanisms that propagate GBV/SGBV.

KEY PROGRAM ELEMENTS

CGBV works closely with existing community structures and leaders to prevent and respond to GBV/SGBV. It prioritizes interpersonal communication (IPC) over mass media to shift cultural norms around gender and GBV/SGBV. Community-level approaches are more likely to be effective in rural, traditional communities that have limited access to multimedia outlets and value face-to-face dialogue.² Core components of CGBV SBC prevention and awareness interventions are part of a broader holistic prevention and response package that includes legal, medical, socio-economic, and psychosocial support services. SBC program elements include:

1 NORC. Impact Evaluation Design: Changing Norms around GBV in Eastern DRC. March 2018.

2 Ellsberg M, et al. Prevention of violence against women and girls: what does the evidence say? Lancet Vol. 385, 18–24 April 2015

COMMUNITY MOBILIZATION THROUGH CODESAS:

CGBV works with existing community-based health committees — known as CODESAs — and community core groups to implement prevention and awareness activities, as well as ensure survivors access services. With project training and mentorship, CODESAs convene dialogue on gender norms and equality, conduct GBV/SGBV awareness campaigns, and refer/enroll GBV/SGBV survivors for holistic care as part of the broader project survivor package.

Comprised of 12-15 trusted and influential community members, CODESAs are pre-existing government-endorsed community structures who work closely with their nearby health facility to increase access to and uptake of health services. Communities trust CODESAs as sources of health messaging and promotion of health services. The CODESAs also coordinate closely with other relevant multi-sectoral community groups, including project-supported village savings and loan associations, educational committees and schools, child protection structures, and community development groups.

CGBV's SBC approach draws directly from the evidence base on what works for reducing GBV/SGBV and community tolerance of it. Recent research shows, for example, that greater intensity of interventions or exposure to messaging through more than one component appears to increase the effectiveness of GBV campaign interventions.³ As such, CGBV provides a multi-layered campaign that reaches both individuals and communities through IPC, community dialogue, and information, education, and communication (IEC) materials. The interventions work in unison, creating a mutually reinforcing demand and action for gender transformation and non-violence, at the individual and community levels, through community change and youth-led social norms campaigns.

COUPLES DISCUSSION GROUPS:

CGBV implements couples counseling discussion groups as a GBV/SGBV norms-based intervention. Guided by evidence that shows people shift their perceptions of social norms by observing “social referents,” CGBV works with communities to identify well-networked and well-known community members whose beliefs and behaviors are more noticed than others in their communities. These social referents and their partners are placed in a group of 20 couples who hold facilitated discussion sessions that incorporate dialogue on gender and

include skill building exercises for women and men. These couples then model positive behavior to their communities. Model couple activities include: sensitizing their communities through weekly/bimonthly discussion sessions; visiting at-risk couples and providing mediation, counseling, or referrals; and identification of community success stories. NORC is currently conducting a randomized controlled trial to determine the efficacy of CGBV discussion groups in reducing reported GBV/SGBV and shifting social norms.

YOUTH ENGAGEMENT: CGBV's SBC approaches focus on mobilizing young people as gatekeepers to sustained inter-generational change. CGBV uses youth clubs as the primary vehicle for reaching young people. During the predecessor USAID Ushindi GBV program, IMA supported more than 250 youth clubs that have successfully engaged young people in GBV/SGBV prevention and dialogue. Through the youth clubs, CGBV pairs youth empowerment activities with participatory SBC approaches to challenge gender norms and increase youth resilience to conflict. The clubs serve as a platform for advocacy and awareness, and act as a “first stop” to for young people to report violence. Youth clubs also include locally-relevant income generating and community service activities that help attract and retain youth members.

Using a training-of-trainers model, CGBV is scaling-up participatory youth theater as an effective approach to bring sensitive issues alive and to promote discussion. The project trains youth group members as participatory theater actors to develop and perform in community-level plays to spark dialogue within communities on common GBV-related issues, and explore novel and positive solutions to overcome barriers and positively transform gender norms. For example, youth club members are actively involved in tracking cases of early marriage and denouncing any cases of sexual violence within their communities and schools. Master trainer youth serve as mentors to other nearby youth groups in their theater efforts and promote cross-village exchange.

Many studies note that youth who experience or witness long-term violence, including SGBV, are at higher risk of carrying out or experiencing GBV. Additionally, the CGBV Gender and Conflict analysis revealed that less than 40% of youth surveyed have any knowledge about their rights and the Congolese law against sexual violence.

3 Fulu E, Kerr-Wilson A, Lang J. (2014). What works to prevent violence against women and girls? Evidence review of interventions to prevent violence against women and girls.

SCHOOL-BASED GBV PREVENTION AND AWARENESS:

CGBV works to reduce school-based GBV and other forms of mistreatment of students, in collaboration with the Ministry of Primary and Secondary Education and some faith-based schools. The project trains teachers and School Directors and parents from Parent-Teacher Associations in CGBV priority health zones on child protection. Schools also serve as a positive platform for reaching youth with GBV/SGBV prevention and awareness messaging. As part of this work, CODESA mentors distribute and promote the Code of Good Conduct to Prevent GBV in Schools.

GBV PREVENTION AND AWARENESS IEC MATERIALS:

C-GBV develops evidence-based IEC materials to reinforce critical interpersonal GBV messaging. The materials – which include posters, banners, pamphlets, and flip charts – provide visual cues and reminders on GBV messages and referral pathways provided through the healthcare workers, lay counselors, and community group platforms as part of the project’s overall holistic survivor package. CGBV staff used a combination of formative research and pre-testing to ensure that IEC messages are effective and based on evidence, including the project baseline and Gender and Conflict Analysis. These resulted in 10 key messages that are woven throughout the IEC materials. All materials are highly visual so that they are more attractive and engaging, while being easier to comprehend in lower-literacy environments. Flip charts, for example, are used within CODESA and youth groups to introduce GBV concepts and guide discussion and debate around certain topics.



RESULTS (THROUGH YEAR 2/FY19)

- **792 community-based groups**, including youth clubs, strengthened to initiate and lead activities to prevent and respond to SGBV, increasing their ability to actively speak out to prevent GBV.
- **443,693 adults, adolescents, and youth** reached with various CGBV SBC approaches, receiving tailored information on GBV prevention, conflict resolution, gender norms, and family planning.
- Launched a randomized control trial to evaluate the impact of several CGBV SBC interventions (couple’s discussions, community-based trauma healing) on changes in GBV attitudes and practices. Findings will inform adaptation and scale-up of these approaches in eastern DRC.

SAMPLE MESSAGES

1. Girls and Boys have the same right to education, not to discrimination!
2. Stop violence in our schools! (slogan)
3. The child’s place is in school, zero tolerance for early marriage.
4. Register our children (girls and boys) with the civil registry for the protection of their rights.
5. Leaders, discourage amicable settlements and enforce the law.

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.