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

PROGRAM BRIEF: SOCIO-ECONOMIC REINTEGRATION SUPPORT SERVICES

Gender-based violence (GBV) and sexual- and gender-based violence (SGBV) survivors in eastern DRC often face daunting psychological and economic challenges in regaining their daily functioning. Social stigma and desertion of survivors by husbands/partners and family members following sexual assault is common, especially in cases that result in pregnancy. Survivors report financial hardships related to psychological distress that makes them unable or afraid to work and/or loss of financial support from their families.¹ Without capital or small businesses, many survivors must work in other people's fields for very small wages, which leaves them vulnerable to being taken advantage of financially and, in some cases, sexually. Young survivors often report dropping out of school, with no means to pay school fees and support themselves. At a structural level, economic vulnerability and social exclusion heightens women's risk of future GBV/SGBV and further reinforces traditional power imbalances among the genders.

KEY PROGRAM ELEMENTS

CGBV's socio-economic reintegration approach addresses the social stigma and economic needs of GBV/SGBV survivors. The strategies help build the confidence, skills, and economic resilience of participants, while also decreasing future vulnerability to GBV and SGBV. These elements tie closely to the project's overall holistic package of care, including medical, legal, and psychosocial support. Core components of CGBV's socio-economic reintegration support include:

VILLAGE SAVINGS AND LOAN ASSOCIATION PLUS (VSLA+):

Savings groups such as VSLA+s have been demonstrated to improve participants' feelings of self-worth and can better equip them to care for their families.² They also serve as a social safety net and offer entry points to local institutions for GBV/SGBV survivors. VSLA+ groups consist of 15-25 people living in the same area, typically women, who are motivated to save small amounts of money to invest in future businesses and to increase financial stability. Membership is available to all community members — not just GBV/SGBV survivors — and are self-managed. Participants make weekly

1 USAID/DRC. Impact Evaluation: Overcoming SGBV in the DRC. October 2016.

2 DAI/USAID, et al. 2014. Pamoja Tuwalee Community Savings Group Study.

deposits into pooled funds for business opportunities and household expenditures. Some VSLA+ also use the funds as microcredit for small businesses and to create jointly-owned small businesses. While CGBV does not conduct explicit income-generation or livelihoods training, the project does link mature VSLA+ groups to area microcredit and livelihoods programming to increase economic growth and stability.

Under CGBV, the project has linked savings group activities with project GBV and SGBV prevention, psychosocial, and health interventions as part of a VSLA+ model. When survivors attend VSLA+ meetings, for example, they participate in discussions around good governance, women's leadership, and family planning, in addition to managing their savings.

VSLAs were an enormous success under the previous USAID Ushindi project (2010-2017). Although they were designed for socio-economic reintegration of survivors, VSLAs proved to be so popular that the communities spontaneously created their own VSLAs outside of those seeded by the project. Among the 415 VSLAs aided by Ushindi, an additional 481 spontaneous VSLAs were created during the project. An estimated 3,800 survivors of sexual violence actively participated in supported VSLAs through Ushindi.

LEADERSHIP TRAINING AND WOMEN'S EMPOWERMENT:

VSLA+s provide a forum for mixed- and single gender dialogue, promoting discussions on early marriage and pregnancy, GBV/SGBV, women's leadership, and issues of under-served and/or vulnerable populations. Mentorship and education during VSLA+ start-up places women in decision-making roles, enhances communication around gender issues, improves their negotiating power in relationships, and promotes gender equity.

LITERACY/NUMERACY EDUCATION: The basic inability to read, write, and count also severely limits GBV/SGBV survivors' awareness of economic opportunities and ability to improve their economic well-being. The project has therefore established literacy and numeracy efforts at Social Centers and within select VSLA+ groups. Using the internationally recognized REFLECT curriculum, survivors engage in a structured, participatory learning process over a six-month period that helps build their reading and writing skills while increasing their confidence and feelings of empowerment. The methodology avoids lengthy textbooks and primers. Rather, facilitators work with participants to develop their own learning materials through constructing maps, matrices, calendars, and diagrams that reflect local reality and are the basis for discussion. Participants then develop pictures and affiliated words to reinforce recognition and foster practical and useful literacy that is easy to retain. Working with local NGOs in a train-the-trainer model, CGBV has developed a corps of trainers who are scaling-up literacy and numeracy efforts within the project.

RESULTS (THROUGH YEAR 2/FY19)

- The project assisted the start-up of **608 VSLA+ groups** with **16,343 members**, including 508 GBV/SGBV survivors.
- The majority of VSLA+ groups seeded small businesses among members through rotating payouts and small loans, potentially increasing the longer-term economic stability of members.
- **275 people** enrolled and graduated from REFLECT literacy group classes, with post-test surveys showing that participants felt it helped improve their personal development and well-being.

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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