



**HARVARD
HUMANITARIAN
INITIATIVE**

Assessing the Impact of Programming to Reduce the Stigmatization of Survivors of Sexual Violence in Eastern Democratic Republic of the Congo

Final Report

WOMEN IN WAR PROGRAM

APRIL 30, 2014

LOGiCA Study Series





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Executive Summary

Survivors of conflict-related sexual violence in eastern Democratic Republic of the Congo (DRC) report that the social stigma they face as a result of rape can sometimes be as traumatic as the attack itself. Women who have been raped are often looked upon as morally and physically “tainted” and can face subtle and overt ridicule from family members, friends, and the community at large. Survivors report they may be called “wives” of their rapists, perceived as carriers of sexually transmitted infections (STIs), including human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS), and face an underlying assumption that they can no longer be productive members of the community. This perception can lead to intense social isolation that, at its most extreme, involves women being made to physically leave their own homes or communities or being abandoned by their families. The phenomenon of stigma and rejection impact a survivor’s psychological health, as well as their physical, economic, and social wellbeing.

This project rigorously evaluated programming that addresses stigma against survivors. In this program evaluation, the Harvard Humanitarian Initiative (HHI) worked with the Congolese NGO, Centre d’Assistance Medico-Psychosociale (CAMPS) to assess which parts of their programming are most effective and how to continue to improve services related to reducing stigma. CAMPS is one of the most long established and wide-reaching providers of these services. With offices in some of the most conflict-affected and remote areas, working with CAMPS provides a unique opportunity to look at grass-roots models for addressing this issue. The goals of this work were:

- To hear both from beneficiaries and service providers about programs aimed at reducing stigma

- To understand positive and challenging aspects of the programs
- To reflect on previously implemented programs and to learn from people’s experiences with these programs

The results of the impact evaluation are detailed below. First, overarching messages are presented and then challenges and associated recommendations are outlined in table format.

Intense poverty among individuals in this context, even before they experience sexual violence, makes this a challenging context to work in. Compounding this problem, **the severity of attacks, which often involve looting and burning of houses, leaves programmers trying to address a wide range of very basic needs among their beneficiaries** that went beyond the standard medical and mental health needs. These needs included: finding housing; paying school fees; getting access to education for themselves and their family members; and having enough to eat every day.

The range of beneficiary needs emphasizes the importance of undertaking integrated, comprehensive programming that can address medical, psychological, and economic needs in parallel. Respondents spoke about the positive synergy between receiving different kinds of services. Some noted that they need psychological care to get to reach a capacity in which they are able to leave their houses and undertake income-generating training. Others noted that they first needed medical care to get to a point where they were healthy enough to do counseling and then, by gaining a sense of mental stability, they were able to successfully undertake family mediation and reunification.

Survivors noted that one of the most damaging sequelae from sexual violence was the social isolation

and rejection from their family and social networks. This could include being abandoned by one's husband, being forced to move out of a husband's house, feeling so stigmatized that one was compelled to move to another village, or isolating oneself by not going to public spaces like church or markets. **Survivors spoke about the importance of regaining a sense of respect and dignity among their family and peers as a key aspect of healing from sexual violence. For this reason, services must address not only an individual's needs but must also facilitate reintegration and healthy relationships with family and peers.** Respondents in this work noted that family mediation could often be very effective at reuniting a survivor with her family, and particularly with her husband. A relatively healthy marriage could then help facilitate good relationships with the extended family and community.

When done effectively, socio-economic reinsertion activities can provide an avenue for sustainable income beyond the immediate program. Some beneficiaries spoke of being able to purchase land, build a house, or pay for their children's school fees as a result of this assistance. Communities must be engaged in deciding which income-generating activities are most appropriate for their context. Even after doing an assessment of which activities to undertake, it can be challenging to find activities that provide sustainable income. Some beneficiaries asked for more options to choose from when doing income-generating training. Others requested microfinance programs in addition to job skills.

Community engagement is critical at every step of service assessment and provision. CAMPS developed a number of best practices related to community engagement at all levels of service provision. **CAMPS has found ways to engage communities in tailoring services for each context; in creating word of mouth campaigns to ensure people know where and how to seek their services;**

in disseminating behavior change messaging around acceptance for survivors, and for creating support networks among survivors. Finally, CAMPS leveraged its community connections to respond rapidly to emerging needs. An example of this is their "community relay" system (RECO) that identifies needs in remote communities that can apply for assistance from the CAMPS coordination office, which will then send staff members or a mobile clinic to respond to emergency situations.

CAMPS uses a victim-centered approach that allows beneficiaries to choose which services and referrals will be most helpful for them. Rather than having CAMPS staff prescribe who will access which set of services, they use the process of psychosocial counseling as an avenue for understanding and assessing the needs of each person. Through counseling sessions, a staff member will understand the specific needs of an individual, and their capacity to engage in a more involved process (like being part of a group of people learning a new job skill) and provides options of available services. The final decision about which services to access is left to the survivor.

In addition to the overarching messages and best practices identified above, beneficiaries and service providers identified a number of challenges with the current service provision landscape. These have been synthesized into the following table 1.

Despite challenges around funding mechanisms, consistency of services, and difficulty accessing remote areas, beneficiaries expressed overwhelming gratitude and deep appreciation for the care and assistance they received. Participants used powerful metaphors to describe the effect that services had on them, such as "coming back to life," feeling "human" again, and feeling as capable as they had before the assault. The combination of medical, psychosocial, and economic reinsertion activities was described as critical for holistic recovery.

Challenge	Recommendation
<p>Inconsistent funding and shifting donor priorities make it difficult for CAMPS to provide consistent, holistic services.</p>	<p>Employ socio-economic activities that not only offer long-term benefits to beneficiaries, but also allow for long-term stability to CAMPS. One specific suggestion was for CAMPS to develop an animal husbandry program where beneficiaries would be trained and acquire livestock, while CAMPS would also be able to maintain the program as the animals reproduced. In addition, CAMPS could draw on programs offered by other NGOs to expand their referral network and continue to focus on the programmatic areas they specialize in, such as counseling and socio-economic reintegration.</p>
<p>Not all beneficiaries received the same services, which resulted in tension and gossip among beneficiaries. This was particularly true regarding access to socio-economic reinsertion, which was only provided to a select group of beneficiaries based on the resources available for distribution.</p>	<p>Seek to ensure that all beneficiaries have access to the same opportunities so as to reduce further stigmatization of certain beneficiaries and make all feel equally supported and valued. One specific suggestion was to decrease the amount of services provided to some to allow for enough funding for all to receive the same services. The victim-centered approach described in the conclusion of the report recommends involving beneficiaries in choosing the services they receive. While limited funding can make it difficult to provide a number of different services to all, survivors should be involved to the extent possible in decisions about how services are delivered.</p>
<p>Husbands and other family members are not given access to services, particularly medical care and counseling, which can create circumstances in which women would need to seek repeat assistance.</p>	<p>Create integrated models of programming that provide both individual support and family-oriented services. Beneficiaries discussed the importance of including family members the process of healing. Family mediation and counseling are important from a psychosocial standpoint. In the case of married couples, it is vital that husbands also obtain medical care along with their wives, particularly for STI testing and treatment. Beneficiaries noted that currently only women have access to medical care, resulting in cases where the untreated husband continues to infect his wife. Given CAMP's funding, it would be most realistic if they built partnerships with other NGOs to broaden the spectrum of potential services. Thus, male family members could potentially be referred to other NGOs for medical services and income generating training where possible.</p>
<p>Access is limited to remote areas where individuals' needs are great.</p>	<p>Leverage CAMPS' deep community connections and expand the community relay (RECO) system to continue to reach remote communities and share information about services provided by CAMPS. Build networks of former beneficiaries who can serve as community workers and educators in places where CAMPS is not able to work.</p>
<p>CAMPS locations are not always near medical facilities, making it difficult for those in need to access both medical and psychosocial care.</p>	<p>CAMPS should attempt to co-locate their offices with organizations that provide basic medical care, like malaria treatment, in order to make it easier for beneficiaries to fulfill all of their health needs. One example in which CAMPS has done this successfully is the office location in Walungu Centre, as it is nearby a general hospital.</p>

Part I. Project Context

Issue Background

Survivors of conflict-related sexual violence in eastern Democratic Republic of the Congo (DRC) report that the social stigma they face as a result of rape can sometimes be as traumatic as the attack itself (Kelly, Kabanga, Cragin et al. 2012). Women who have been raped are often looked upon as morally and physically “tainted” and can face subtle and overt ridicule from family members, friends, and the community at large (Albutt et al. 2013). Survivors report they may be called “wives” of their rapists, perceived as carriers of sexually transmitted infections (STIs), including human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS), and face an underlying assumption that they can no longer be productive members of the community (Kelly, Kabanga, Albutt et al. 2012). This perception can lead to intense social isolation that, at its most extreme, involves women being made to physically leave their own homes or communities or being abandoned by their families (Bastick 2007). The phenomenon of stigma and rejection impact a survivor’s psychological health, as well as their physical, economic, and social wellbeing (Kelly, Kabanga, Albutt et al. 2012).

Project Introduction

In a previous project, the Harvard Humanitarian Initiative (HHI), in collaboration with the Congolese NGO, Centre d’Assistance Medico-Psychosociale (CAMPS), investigated the impact of social isolation and stigma on survivors of sexual violence in eastern DRC. This project represented a close collaboration between an academic partner dedicated to bringing evidence based evaluation to crisis situations - HHI - and a Congolese service provision organization - CAMPS - that offers holistic services to vulnerable women, with a focus on survivors of sexual violence.

CAMPS has served survivors of sexual violence in the eastern DRC since 2002, providing psychosocial support, medical assistance, legal assistance, and socio-economic reinsertion services, with the ultimate goal of preventing sexual violence against women, youth and children in the provinces of South Kivu, Maniema, Kinshasa and Kisangani.

The results from this previous project highlight the highly destructive effects of isolation and familial rejection on survivors. In some cases, women noted that the social exclusion they faced after sexual violence could be worse than the attack itself since it resulted in ongoing economic, psychosocial, and emotional devastation.

A main finding from this previous work is the importance of having allies within communities who can advocate for the acceptance of women who have survived sexual violence, and to engage family members in the acceptance process. Findings from both survivors and their male relatives speak to the importance of services that explicitly address negative attitudes towards survivors of sexual violence in their family, peer, and community networks, and provide positive coping skills to the family.

This project rigorously evaluated programming that addresses stigma against survivors. In this program evaluation, HHI worked with CAMPS to assess which services are effective and which can be improved related to reducing stigma. CAMPS is one of the oldest and most wide-reaching providers of these services, with offices in some of the most conflict-affected and remote areas. Working with CAMPS provides a unique opportunity to look at grass-roots models for addressing this issue. The goals of this work were:

- To hear both from beneficiaries and service providers about programs aimed at reducing stigma

- To understand positive and challenging aspects of the programs
- To reflect on previously implemented programs and to learn from people's experiences with these programs

This project attempts to add to the evidence base of

how best to improve programming around stigma against survivors of sexual violence in DRC. HHI staff conducted an evaluation of CAMPS programs and compiled recommendations for improving programming related to reducing stigma. HHI created conference and training materials that were used in dissemination activities during the project timeline and can be used in future trainings by CAMPS.

Part II. Methodology

Data collection occurred between February and March 2014 and consisted of key-informant interviews in Bukavu with the directors of each type of service provided by CAMPS. This was followed by visits to three field sites to interview service beneficiaries, their family members, and CAMPS field staff. Finally, a dissemination conference was held in Bukavu on April 29, 2014 to convene practitioners, service providers and experts around the question of how best to provide stigma-reduction programming to survivors of sexual violence, their family members, and their communities.

Key-Informant Interviews with CAMPS Department Directors

Seven interviews with field staff responsible for the three sites, Minova, Walungu Centre, and Muzinzi, were conducted. Details of the CAMPS field staff can be found in Appendix 1. Each key informant was administered a semi-structured questionnaire that sought to collect information relating to the distribution of services to potential beneficiaries; the strengths and weaknesses of the programming; and suggestions for improvement. Demographic details of the key informants can be found in Appendix 1.

Interviews with Service Beneficiaries and Family Members

The HHI research team visited three field sites where CAMPS is active - Minova, Walungu Centre, and Muzinzi¹ - and conducted 19 interviews with service beneficiaries and family members. Demographic details of the interviewees can be found in Appendix 2. With few exceptions, the programming described

¹ Muzinzi is not included on this map because it is currently not available on Google Maps, given its size and remoteness. It should be noted that Muzinzi is about an hour drive from Walungu.

Figure 1. Map of Project Sites



by beneficiaries followed the CAMPS model of service disbursement, with many first receiving psychosocial assistance, followed by medical care, and then socio-economic support. Not all beneficiaries received all services; no one interviewed had received legal assistance. A semi-structured qualitative questionnaire was administered to participants to examine their experiences with CAMPS, their suggestions for improvements, and their opinions on the strengths and weaknesses of the services.

Data Analysis

Interviews with beneficiaries, their family members and service providers were audio-recorded and then translated into English. Two members of the research team undertook close readings of the transcripts to identify salient themes. These individuals

generated themes independently; those that were agreed upon by both researchers were then defined as codes. Themes were refined through an iterative process during the coding of the transcripts to better capture the emerging themes and subthemes, as well as relationships between these themes. Coding was undertaken by one team member in NVivo 8 (QSR International, Cambridge, Mass.). Coded data was then read by two team members and parsed into salient topics. Team members crosschecked each other's analyses to validate main findings.

Final Conference – Dissemination and Reflection on Project Findings

A dissemination conference was held in Bukavu, South Kivu on April 29, 2014 to bring together practitioners, who work on sexual violence programming, to reflect on the results of this work. The objectives of the conference were to:

- Create an opportunity for discussion around

the issue of stigmatization of survivors of sexual violence in South Kivu. In particular, to promote discussion on the challenges, best practices, and lessons learned.

- Connect service providers and practitioners working on reducing stigmatization of survivors of sexual violence.
- Share results of an evaluation conducted jointly by CAMPS and HHI of programming related to reducing stigmatization of survivors of sexual violence.

The twenty-eight participants represented a range of programmatic fields, including: medical, psychosocial, economic and legal. An overview of CAMPS' long-term experience implementing stigma reduction programs was presented in addition to the results of the evaluation. Details about the conference schedule can be found in Appendix 3. In the latter part of the conference, participants were asked

to break into two different breakout sessions. In the first session, participants split into groups by one of the four programmatic areas – medical, psychosocial, economic or legal – and discussed project findings related to their field of expertise. In the second breakout session, participants split into four groups with mixed expertise and each group discussed three overarching questions related to some of the challenges that arose from the data, and how they have overcome or would suggest overcoming these challenges. The discussion questions presented in the breakout sessions can be found in Appendix 4.

Figure 2. Conference Attendees Listen to a Presentation by a Participant Following a Breakout Session in Bukavu

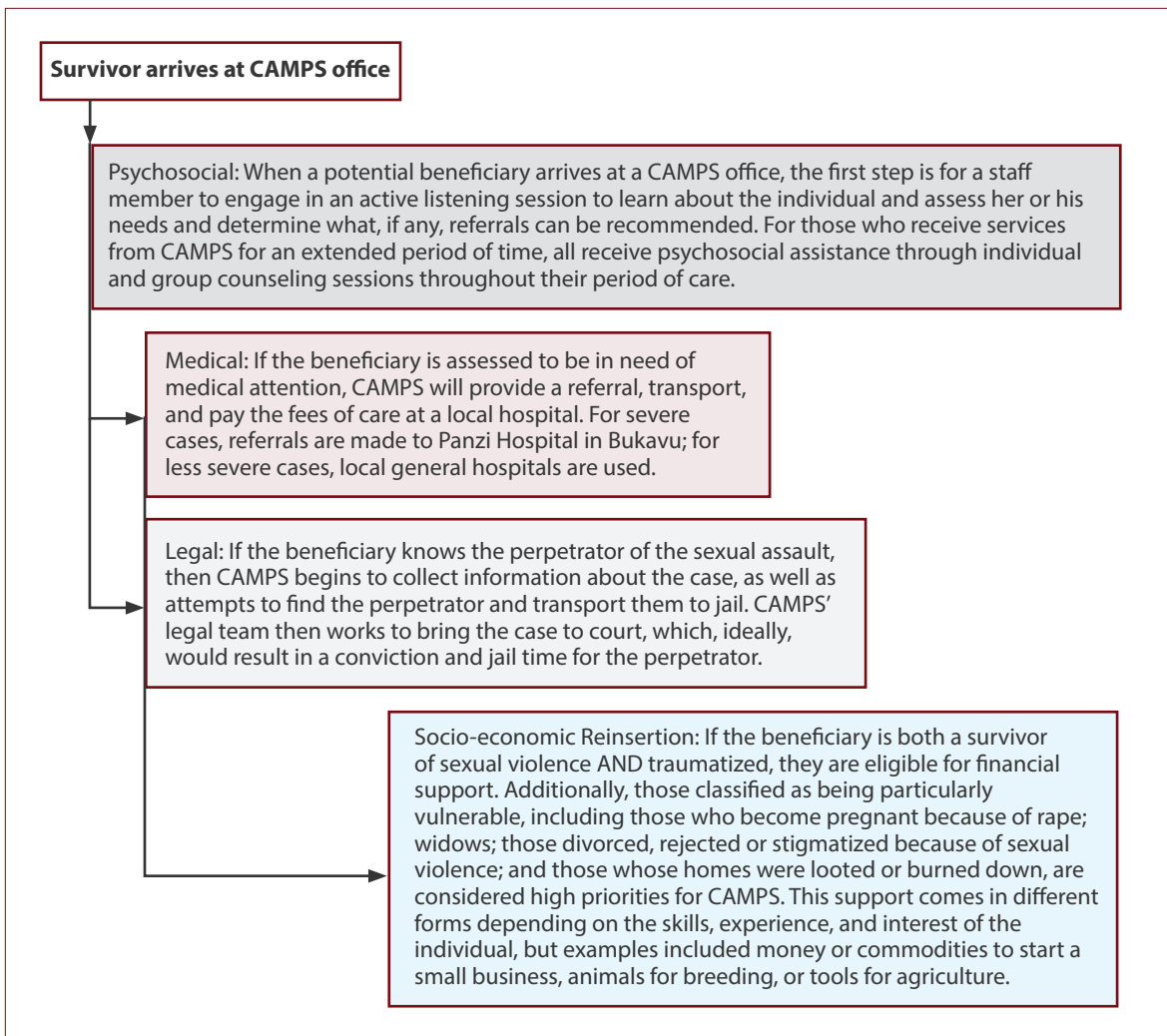


Part III. Findings

This section presents an analysis of the qualitative data reported by survivors of sexual violence who were beneficiaries of CAMPS services, their family members, and service providers. The data collected fell into the following categories: Beneficiary needs after sexual violence; Assessment of Beneficiaries; Distribution of Service; Programmatic Strengths; Programmatic Weaknesses, and Suggestions for Improvement. Before presenting the results of the qualitative data, the CAMPS programming model is provided below to give context about the approach to providing different kinds of care for survivors.

CAMPS Programming Model

As previously discussed, CAMPS manages four separate but interconnected service programs, including Psychosocial Support, Medical Assistance, Legal Assistance, and Socio-Economic Reinsertion. Each service program follows a protocol to assess beneficiaries and determine whether a referral for disbursement of that service is recommended. Below is a basic overview of the ways in which referrals occur.



Beneficiary Needs after Sexual Violence

Before examining the provision of CAMPS' services in particular, this project sought to examine the stated needs of survivors of sexual violence. By doing so, it is possible to assess which services are addressed by CAMPS, and where there may still be unmet need in this population.

Beneficiaries and family members spoke of needing psychosocial assistance, medical care, and family mediation after experiencing sexual violence. Survivors and their families also spoke about the need for economic support.

The stated needs of beneficiaries highlights one of the fundamental challenges that CAMPS and other organizations face in this context – that many of their beneficiaries live in a state of poverty where even basic needs are not met. This reality complicates attempts to facilitate physical and mental healing after sexual violence, and speaks to the importance of integrated services that address material, psychosocial, and health-related needs. In interviews, survivors and their family stated that the following needs resulted from sexual violence, which in the context of eastern DRC often included looting, pillaging and the destruction of one's house and possessions:

- Houses, building materials for homes, accommodation, land on which to build a house, rent
- School fees for children and other needs related to childcare
- Access to education or skills training for beneficiaries so that they are better qualified for work; one beneficiary spoke of a 3-month adult literacy class that was too short to have an impact
- Accommodation for survivors traveling long distances to receive services
- Food for themselves and their families
- Access to loans for businesses
- Employment opportunities or tools for work

Beneficiaries and staff also spoke of the need for families to be treated as a unit, rather than singling a survivor out for care. This was the case for both counseling and medical care, and will be addressed in more detail in the following sections.

Assessment of Beneficiaries

A key aspect of the programming is the correct identification and appropriate engagement of beneficiaries. This project assessed this process from the perspective of both the service provider and beneficiary. A number of effective practices, as well as a number of challenges, were identified during the assessment stage.

Over the course of its programming, CAMPS has identified best practices for assessing and providing services to beneficiaries. A key strength of the programming was that CAMPS relies on community expertise to identify those in need during a crisis, as well as assist in community education. In order to reach more remote communities, CAMPS has put in place a "community relay" system (RECO) made up of community leaders who identify needs in remote areas and then recommend individuals who may be eligible to apply for assistance from the CAMPS coordination office.

The RECO system relies on a number of pathways to ensure active communication between beneficiary communities and CAMPS. Within the community, members of the RECO systems conduct awareness-raising events that disseminate public service messages, and may also identify potential beneficiaries. These events target different population groups, such as churches, schools, markets, men's groups, etc. Additional information is shared by having CAMPS community workers go door-to-door, distributing information sheets, conducting workshops, and facilitating "dialogue days," where people are brought together to discuss topics like children born of sexual violence, or stigma against rape survivors.

CAMPS then uses cell phones to communicate between the satellite offices and the headquarters. In addition, staff from field offices have scheduled visits to the main office in Bukavu to share information and relay reports. Finally, CAMPS staff use motorcycles donated by the United Nations High Commission-

er for Refugees (UNHCR). These are particularly crucial for reaching very remote areas not accessible by car. The motorcycles were cited as one of the most effective ways to get rape survivors to a clinic for post-exposure-prophylactic (PEP) care in the recommended 72-hour window.

In response to information received from RECO members, the CAMPS coordination office will send a psychosocial and medical mobile clinic if those areas are accessible in terms of logistics and security. Even in cases where a mobile clinic is not able to travel to an affected area, the coordination office may still send individual psychosocial and medical assistants to these areas.

Because of the process that draws heavily on community input and vetting, there did not seem to be an issue with women falsely claiming to be eligible for services for which they may not have qualified. Instead, the largest issues centered around not having enough resources to accommodate all of those who were eligible for services. Both service providers and beneficiaries discussed a discrepancy between funder allocation and the amount of need. For instance, one woman spoke about the fact that the project provided support for 80 women, but in a given community there may be 200 women in need of services. It is therefore difficult for CAMPS to address the gap between funding and community demand.

In a similar process, CAMPS undertakes needs assessments within communities before deciding which type of income-generating training to introduce into a particular context – the goal is to introduce economic activities that are appropriate and sustainable in the host community. Despite this, some beneficiaries noted that they would have been happy to have more options related to the type of profession they could undertake. Others expressed interest in small savings and loans programs that could help them withstand financial shocks in the

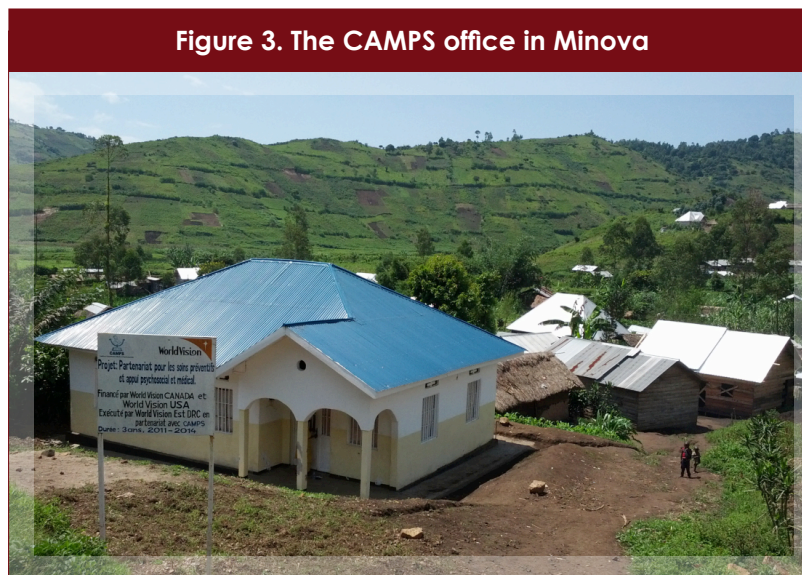


Figure 3. The CAMPS office in Minova

cases where their income generating activities could not provide for all of their needs (for instance if they were farmers and had a bad crop).

Finally, CAMPS has developed a practice over time to determine which services to give to each beneficiary. Rather than taking a prescriptive approach where CAMPS staff decide who will access which set of services, they use the process of psychosocial counseling as an avenue for understanding and assessing the needs of each person. Through counseling sessions, a staff member will understand the specific needs of an individual, and their capacity to engage in a more involved process (like being part of a cohort of people learning a new job skill) and gives them options about which services are available. The final decision about which services to access is left to the survivor. This model has parallels with best practices in the United States geared towards survivors of domestic violence. In the US model, providing options for services that the survivor can choose from is seen as a healthy way to allow an individual to re-gain a sense of control and agency in a life that may have been bereft of these opportunities.²

² While models of service provision are not often published in peer-reviewed literature, programmatic documents from organizations providing relevant services offer insight on best practices. The Boston Area Rape Crisis Center (BARCC) stands as one example; they detail medical, legal, counseling, and case management services (BARCC, 2014).

Distribution of Services

While assessment of survivors in need through the community processes described above is a strength of CAMPS, the organization still faces financial constraints, which means they cannot always give the same services to all needy individuals within a community (particularly those who enrolled at different times). Logistics, limited finances, and security limitations interact to determine which areas are accessible and practical to provide assistance.

There was a consensus among beneficiaries that all available funds and resources went directly to those in need, with the minimum amount of funds being used for overhead or administration (or misuse). Respondents also noted that CAMPS finds innovative ways to address needs (an example was given of CAMPS taking the initiative to start a collection among churches to help a community that had just been attacked by rebels). Despite this, there was still a certain amount of frustration among respondents that, despite efforts to provide fair services, some benefited more than others from services like income generating activities. There was also a desire among beneficiaries to see services co-located where possible. In particular, beneficiaries spoke about the desire to have medical services more easily accessible. Currently, since CAMPS works in such remote areas, accessing medical care can often involve difficult travel logistics. Working with NGOs to set up mobile medical clinics or medicine distribution on a set schedule may help address these issues. Finally, there was discussion about the difficulty in accessing medical care for both a survivor and her husband, a critically important issue for treating problems like STIs. CAMPS faces donor limitations on who can receive medical services. This means that while female survivors can be treated for STIs, there is no provision for the treatment of her male partner. This can result in women becoming re-infected by their husbands or long-term partners. As one beneficiary from Walungu Centre said, “I went to CAMPS office to tell them about how I was feeling, and they sent me to the hospital and I got a good treatment again. I’m doing fine, but my husband never received medical treatment for infections so when we will meet as husband and wife, I’ll get infected again. That is what I fear.”

Programmatic Strengths

Beneficiaries and their family members expressed overwhelming gratitude and deep appreciation for the care and assistance they received. Furthermore, they detailed a desire that CAMPS would continue to provide services as they continued to need support and felt that there were many others who also would benefit from CAMPS services. This section details the five main strengths described in the interviews.

Integrated Services are Critical for Effective Recovery

Participants discussed the importance of holistic care, including psychosocial, medical, and socio-economic services, and how there is a positive interplay between the different types of programming. For instance, beneficiaries needed psychosocial and medical care in order to feel functional again, which then enabled them to participate in the income-generating activities. In return, the income-generating trainings helped them continue to heal mentally by facilitating social reintegration and acceptance in their families and communities.

As one beneficiary noted, “The first thing I got when I came was the counseling that helped my thoughts and made me stable emotionally. Another thing I received was the medical assistance as I had infections from the rape. I have been given treatment and now I am doing fine. I was a beneficiary of financial aid from CAMPS that made me feel more like a human being and like I could interact with others because I used to look at myself like I was dead. Also, when my husband realized that I was doing a small business and could supply to the need of my household, he came back to me. That is the reason why I used to bless CAMPS a lot. I live today thanks to CAMPS.”

Another woman echoed the positive interplay between services, noting it was hard to pick one as being the most helpful since there was synergy among the benefits, “For me all [of the programs] were helpful, because I was suffering from mental sickness first and the counseling sessions help me to feel released, then physical sickness that made me fearful, also the financial help. Since my husband left me I was not capable of buying even a soap or sugar for my children, I was just staying at home worthless...”

Later in this section, we detail the ways in which integrated services also assist in family reconciliation.

Psychosocial Care Provides a Foundation for Long-term Healing

Participants emphasized the importance of psychosocial care and stated it was a necessary foundation for development in all other areas. Beneficiaries used metaphors of “coming back to life” and gaining new respect from family and community by regaining a sense of mental stability and returning to normal. Beneficiaries consistently noted that counseling was necessary for them to overcome symptoms linked to both rape and the resulting stigma, such as self-isolation, fearfulness, absent mindedness, etc., and to once again be able to participate in their social networks and regain a much needed sense of stability and self-esteem. As one woman noted, “I was no longer a person, and [I] was withdrawing in myself and hiding as people were laughing at us as were raped. CAMPS welcomed us, gave us direction, pieces of advice and we are so happy; we got medical assistance as our mind was shaken but we were healed.” Another beneficiary echoed this sentiment, saying, “I think the psychosocial help was the most useful to me. I was not looking at myself as a human being or a useful person, people were pointing at me and that made me feel ridiculous...”

Finally, one woman described how her sense of shame and trauma that had kept her from engaging in any aspect of normal life, resulting in her leaving her husband and her village, had been alleviated by counseling. She was able to reunite with her husband and better cope with her trauma: “Since I was raped, I was not going out of my hut anymore, I was so shy, could not socialize, I was fearful, I even left my village because of shame. Those counseling sessions helped to deal with all those feelings. My family in law asked my husband to send me away, I came down here and stayed with my family with my children, and he joined us almost ten months after. I was going to CAMPS already, and I explained to him how I benefit from counseling and how it helped me deal with shame and all negative feelings.”

A staff member from Muzinzi said that beneficiaries, through healing, “come back to normal life.” One way beneficiaries explained this transition to

wellness was that counseling allowed them to understand that the sexual violence they experienced should not define their present. Another way that beneficiaries and their husbands in Minova described the path to normalcy was through receiving advice to change one’s behavior and understand the difference between good and evil choices.

Services Must Address the Survivor’s Social Context

Survivors described how the shame and trauma resulting from rape isolated them socially and could result in them having to leave their families and communities. Survivors spoke in particular about the importance of promoting a good relationship with their husband, since this was often the most important social relationship to women. A relatively healthy marriage could then help facilitate good relationships with their extended family and community.

Family mediation was described as an effective potential intervention to prevent divorce and to reunite separated couples. Survivors of violence noted that their husbands might abandon them after rape because of: pressure from their family, fear of contracting STIs and HIV/AIDS, and lack of trust or understanding that rape is not voluntary, among other reasons. A number of beneficiaries described the family mediation as one of the most important services they received from CAMPS, though they also discussed the ways in which other services assisted in familial and community reconciliation.

Family mediation sessions sought to help make spouses understand each other and their experiences, as well as to make husbands comprehend that rape is not voluntary. One husband interviewed said that mediation was even more helpful than the financial assistance his wife received, “She was well cared for, she benefited [from] the counseling service which helped to improve the relation between us as husband and wife, and strengthen our marriage which was about to go in pieces because of suspicions and other problems we had. I was more impressed with the counseling than the financial aid she got...” While staff acknowledged that not all mediations were successful, beneficiaries and husbands repeated over and over how effective CAMPS

was in reuniting spouses. A woman from Walungu Centre said the following of her own experience with her husband: They “needed to take care of the pieces of advice from CAMPS and they will help us live together. They really did because without those he would have been calling me names, saying I am the wife of X, Y, Z.”

One woman from Muzinzi described how her husband had rejected her, but then returned after learning she was healthy:

“That evening my husband promised to go with me the following day so that he could also check if I was not infected. ‘I have started running away from you because I am thinking that the people who did this to you and your fellows might have infected you with AIDS, and I may also be infected...’ The nurse told my husband to be free with me because I was not infected.... Two days later he asked me if I was really not infected and I confirmed that I was really not infected, but he suggested me to go back to hospital and we came back here. We were ... reconciled.”

As mentioned above, beneficiaries said they benefited from the behavior advice they received through psychosocial counseling, which allowed them to act normally. This was another way in which marriage reconciliation was facilitated as husbands said they were able to be with their wives now that they were less aggressive and more affectionate. One husband from Minova said of his wife: “She has become a new person at home.”

Socio-economic reinsertion was also described as a driver for husbands to reconcile with their wives, though there was disagreement among interviewees on how important it was. Some beneficiaries recounted how their husbands returned soon after they saw they had either money or income generating activities. In contrast, some beneficiaries and some husbands said that the psychosocial assistance and family mediation services were more valuable than the money and that money on its own was useless without a strong mental and emotional base. One husband from Minova said, “Money without good mental health is useless. It will be spoiled and a

waste.” Both the behavior changes enabled by counseling and the economic self-sufficiency offered by socio-economic reinsertion speak to the issue of survivors of sexual violence being able to fulfill the expectations of what it means to be a woman, which allows for husbands to return to their marriages. The same husband who spoke of money being wasted without mental health explained that “counseling helps them to behave well, be good wives and good mothers in their homes.”

Spousal reunion not only directly addressed stigma experienced by survivors of sexual violence within the family, but also fostered acceptance within one’s community and was often linked with regaining respect from one’s family and peers. Some explained how the return of one’s husband meant that those in the community who had pointed and gossiped before could no longer do that. Aside from reuniting with husbands as improving community relations, interviewees also commented how the socio-economic reinsertion earned them respect from others. One woman from Muzinzi explained, “Whoever would despise you cannot do it anymore when they see you having what belongs to you.”

Socio-Economic Reinsertion Creates Long-Term Opportunities

Socio-economic reinsertion activities varied across sites and beneficiaries, ranging from the provision of cash or items to sell, like rice or sugar; participation in a savings cooperatives; or the donation of an animal, like goats or pigs; etc. At its most effective, this assistance offered families sustainable income opportunities beyond the immediate program. Some beneficiaries spoke of being able to purchase land, build a house, or pay for their children’s school fees as a result of this assistance. One survivor described how her training helped her become more independent, “I could not do business and did even know how to do it, but since I went through the counseling and received training about how to choose and do an activity generating income I may say that now I can handle my self, I am capable of doing a small business that enable me to supply my family need without waiting on someone else.”

Another beneficiary noted that she was able to use her financial training to pay rent and then to start

other small businesses like owning livestock and selling foodstuffs, “The medical assistance did help me a lot to and even the financial help I received through my daughter since it allows us to be paying the house rent of 5\$ per month and not have to be pointed at everyday by the owner. The rest of the aid she bought the goat, fowl and do a small business of sugar and powder soap along the street.” Another woman noted that the financial assistance also helped her heal mentally by keeping her occupied, saying, “I used to do business before but since the incident (sexual violence) I was just staying at home, but now I am a busy woman selling fishing products.”

Community Engagement Significantly Improves Services

As described in the Assessment of Beneficiaries section, engagement with the community in the process of establishing services; creating best practices; identifying potential beneficiaries; and engaging all community members in social change is critical. CAMPS service providers spoke about the power of community engagement for creating appropriate services, saying, “...before CAMPS provides a reinsertion related service, we organize field visits, we listen to the beneficiaries’ needs... it’s not CAMPS who decides on the activities for Income Generation Activities, the beneficiaries make their own choices, i.e. they express their own need and the response is accordingly...”

In addition, community sensitization sessions, particularly those offered through churches, and word of mouth from those who benefited from CAMPS – both direct beneficiaries and their family members – were listed as useful in helping others learn where to seek services and for the community overall to gain a better understanding of sexual violence and its impact. CAMPS staff members and beneficiaries spoke about the power of the “word of mouth” campaigns both to change attitudes around sexual violence and to make others aware of the available services. One service provider noted, “I can also tell you that there’s involvement of the local authorities in the activities we do. I can also tell you, as another success, our beneficiaries have themselves become agents to raise other people’s awareness; they

themselves created community networks and they go by saying as we have received the training freely we will also pass it on freely, that’s the Gospel they got from CAMPS and they are raising other people’s awareness to come and benefit from CAMPS services. For me that’s something very positive and it’s a strength and regarding the coaching activity...”

Another service provider echoed this sentiment, saying “From their testimonies they encourage others to join the programs and tell us, ‘Look, I’ve brought my fellow because she has got the same problem like me,’ those are the examples of the testimonies we get from people, even from local authorities, pastors and when we go to their churches for outreach and raising awareness, they welcome us and recommend us to come back and talk about the topics we developed previously.”

Impact of Services

The impact of services on the individual was framed within the context of personal revival. Participants used powerful metaphors to describe the effect that services had on them, such as “coming back to life,” feeling “human” again, and that they felt capable as they had before. Many beneficiaries said that the medical services they received were the reason why they were alive today. One woman from Minova said that she “would be dead by now considering how I suffered in my body and in my mind,” while another woman from Minova said, “I live today thanks to CAMPS.” Additionally, some discussed how through recovering from injuries and illness, they were able to function like they did prior to their assaults. A woman from Walungu Centre explained that, “Once you are healthy, there is nothing you can’t do.” This was particular true regarding one’s ability to do work, like farming. Relatedly, socio-economic reinsertion made some beneficiaries regain their sense of self-sufficiency, which added to the feeling of recovery and revival.

The idea of returning to normal was also discussed regarding beneficiaries’ mental health. Participants talked about the need to overcome symptoms linked to both rape and the resulting stigma, like being fearful, crying, isolating oneself, losing track of one’s thoughts, etc. Many beneficiaries described feeling less than human and like they had no value,

but counseling helped return them to a sense of normalcy and humanity. A woman from Walungu Centre said, “I became almost nothing, but when I went to CAMPS I felt becoming a person reviving.” Another woman from Walungu Centre explained, “We learned that we were still people.”

Beyond the individual impacts, beneficiaries talked about how services also improved family and community relationships. Marriage dissolution was described as a common occurrence for survivors, as husbands left their wives for various reasons, including pressure from their family, fear of contracting STIs and HIV/AIDS, and/or lack of trust or understanding that rape is not voluntary. Participants described how several CAMPS services brought reconciliation and reunion between spouses. Regarding medical care, interviewees talked about how some husbands were willing to return to their wives after knowing that they were healthy and did not have any infections or diseases.

Reconciliation among spouses also served to positively impact beneficiaries’ relationships with their communities. Some explained how the return of one’s husband meant that those in the community who had formerly excluded her would become more welcoming. A staff member from Walungu said, “For instance, a victim who was rejected, she was supported through mediation we conducted. The neighbors may comment on her rejection or may stigmatize her. This victim may be stigmatized or rejected by the family or the community. Now that today she lives harmoniously with her husband, the neighbors will not comment.” A woman from Minova further explained how her reconciliation with her husband brought her respect from others; she said, “[T]hanks that my husband is back and those who could not talk to me are now treating me with respect.”

Programmatic Weakness and Recommendations

Below are the most commonly raised challenges and suggestions for improvement that emerged from the interviews with beneficiaries and staff. Given that different individuals received different services from CAMPS, some of the challenges and resulting suggestions may seem inconsistent with each other.

However, the suggestions below reflect consistent themes arising from the data

Challenge #1: Inconsistent funding and shifting donor priorities make it difficult for CAMPS to provide consistent, holistic services.

Suggestion: Employ socio-economic activities that not only offer long-term benefits to beneficiaries, but also allow for long-term stability to CAMPS. One specific suggestion was for CAMPS to develop an animal husbandry program where beneficiaries would be trained and acquire livestock, while CAMPS would also be able to continue to maintain the program as the animals reproduced. In addition, CAMPS could draw on programs offered by other NGOs to expand their referral network and continue to focus on the programmatic areas they specialize in, such as counseling and socio-economic reintegration.

Challenge #2: Not all beneficiaries received the same services, which resulted in tension and gossip among beneficiaries. This was particularly true regarding access to socio-economic reinsertion, which was only provided to a select group of beneficiaries based on the resources available for distribution.

Suggestion: Seek to ensure that all beneficiaries have access to the same opportunities so as to reduce further stigmatization of certain beneficiaries and make all feel equally supported and valued. One specific suggestion was to decrease the amount of services provided to some to allow for enough funding for all to receive the same services.

Challenge #3: Husbands and other family members are not given access to services, particularly medical care and counseling, which can create circumstances in which wives would need to seek repeat assistance.

Suggestion: Create integrated models of programming that provide both individual support and family-oriented services. Beneficiaries discussed the importance of including family members in the process of healing. Family mediation and counseling are important from a psychosocial standpoint. In the case of married couples, it is vital that husbands also obtain medical care along with their wives, particularly for STI testing and treatment. Beneficiaries noted

that currently only women have access to medical care, resulting in cases where the untreated husband continues to infect his wife. Given CAMP's funding, it would be most realistic if they built partnerships with other NGOs to broaden the spectrum of potential services. Thus, male family members could potentially be referred to other NGOs for medical services and income generating training where possible.

Challenge #4: Access is limited to remote areas where individuals' needs are great.

Suggestion: Leverage CAMPS' deep community connections and expand the community relay (RECO) system to continue to reach remote communities and share information about services

provided by CAMPS. Build networks of former beneficiaries who can serve as community workers and educators in places where CAMPS is not able to work.

Challenge #5: CAMPS locations are not always near medical facilities, making it difficult for those in need to access both medical and psychosocial care.

Suggestion: CAMPS should attempt to co-locate their offices with organizations that provide basic medical care, like malaria treatment, in order to make it easier for beneficiaries to fulfill all of their health needs. One example in which CAMPS has done this successfully is the office location in Walungu Centre, as it is nearby a general hospital.

Part IV. Conclusion

Survivors of conflict-related sexual violence in eastern Democratic Republic of the Congo (DRC) report that the social stigma they face as a result of rape can sometimes be as traumatic as the attack itself. Women who have been raped are often looked upon as morally and physically “tainted” and can face subtle and overt ridicule from family members, friends, and the community at large. Survivors report they may be called “wives” of their rapists, perceived as carriers of sexually transmitted infections (STIs), including human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS), and face an underlying assumption that they can no longer be productive members of the community. This perception can lead to intense social isolation that, at its most extreme, involves women being made to physically leave their own homes or communities or being abandoned by their families. The phenomenon of stigma and rejection impact a survivor’s psychological health, as well as their physical, economic, and social wellbeing.

This project rigorously evaluated programming that addresses stigma against survivors. In this program evaluation, the Harvard Humanitarian Initiative (HHI) worked with the Congolese NGO, Centre d’Assistance Medico-Psychosociale (CAMPS) to assess which parts of their programming are most effective and how to continue to improve services related to reducing stigma. CAMPS is one of the most long established and wide-reaching providers of these services. With offices in some of the most conflict-affected and remote areas, working with CAMPS provides a unique opportunity to look at grass-roots models for addressing this issue. The goals of this work were:

- To hear both from beneficiaries and service providers about programs aimed at reducing stigma

- To understand positive and challenging aspects of the programs
- To reflect on previously implemented programs and to learn from people’s experiences with these programs

The results of the impact evaluation are detailed below. First, overarching messages are presented and then challenges and associated recommendations are outlined in table format.

Intense poverty among individuals in this context, even before they experience sexual violence, makes this a challenging context to work in. Compounding this problem, **the severity of attacks, which often involve looting and burning of houses, leaves programmers trying to address a wide range of very basic needs among their beneficiaries** that went beyond the standard medical and mental health needs. These needs included: finding housing; paying school fees; getting access to education for themselves and their family members; and having enough to eat every day.

The range of needs emphasizes the importance of undertaking integrated, comprehensive programming that can address medical, psychological, and economic needs in parallel, in a way that reflects the individual needs of the beneficiary. Respondents spoke about the positive synergy between receiving different kinds of services. Some noted that they need psychological care to reach a capacity in which they are able to leave their houses and undertake income-generating training. Others noted that they first needed medical care to get to a point where they were healthy enough to do counseling and then, by gaining a sense of mental stability, they were able to successfully undertake family mediation and reunification. While synergy between services was described as critically important, the survivor herself should be able to choose

which combination, among the variety of services, would be most beneficial for her.

Survivors noted that one of the most damaging sequelae from sexual violence was the social isolation and rejection from their family and social networks. This could include being abandoned by one's husband, being forced to move out of a husband's house, feeling so stigmatized that one was compelled to move to another village, or isolating oneself by not going to public spaces like church or markets. **Survivors spoke about the importance of regaining a sense of respect and dignity among their family and peers as a key aspect of healing from sexual violence. For this reason, services must address not only an individual's needs but must also facilitate reintegration and healthy relationships with family and peers.** Respondents in this work noted that family mediation could often be very effective at reuniting a survivor with her family, and particularly with her husband. A relatively healthy marriage could then help facilitate good relationships with the extended family and community.

When done effectively, socio-economic reinsertion activities can provide an avenue for sustainable income beyond the immediate program. Some beneficiaries spoke of being able to purchase land, build a house, or pay for their children's school fees as a result of this assistance. Communities must be engaged in deciding which income-generating activities are most appropriate for their context. Even after doing an assessment of which activities to undertake, it can be challenging to find activities that provide sustainable income. Some beneficiaries asked for more options to choose from when doing income-generating training. Others requested microfinance programs in addition to job skills.

Community engagement is critical at every step of service assessment and provision. CAMPS developed a number of best practices related to community engagement at all levels of service provision. **CAMPS has found ways to engage communities in tailoring services for each context; in creating word of mouth campaigns to ensure people know where and how to seek their services; in disseminating behavior change messaging around acceptance for survivors, and for creat-**

ing support networks among survivors. Finally, CAMPS leveraged its community connections to respond rapidly to emerging needs. An example of this is their "community relay" system (RECO) that identifies needs in remote communities that can apply for assistance from the CAMPS coordination office, which will then send staff members or a mobile clinic to respond to emergency situations.

CAMPS uses a victim-centered approach that allows beneficiaries to choose which services and referrals will be most helpful for them. Rather than having CAMPS staff prescribe who will access which set of services, they use the process of psychosocial counseling as an avenue for understanding and assessing the needs of each person. Through counseling sessions, a staff member will understand the specific needs of an individual, and their capacity to engage in a more involved process (like being part of a group of people learning a new job skill) and provides options of available services. The final decision about which services to access is left to the survivor. One challenge to this approach is that fact that available services may be dependent upon funding constraints and geographic availability. For this reason, a previous recommendation suggested the need for comprehensive and holistic programming. Thus, while survivors do not have to use all of the services available, they should be able to choose among a set of options, which combination of services would be most beneficial for them.

In addition to the overarching messages and best practices identified above, beneficiaries and service providers identified a number of challenges with the current service provision landscape. These have been synthesized into the following table:

Despite challenges around funding mechanisms, consistency of services, and difficulty accessing remote areas, beneficiaries expressed overwhelming gratitude and deep appreciation for the care and assistance they received. Participants used powerful metaphors to describe the effect that services had on them, such as "coming back to life," feeling "human" again, and feeling as capable as they had before the assault. The combination of medical, psychosocial, and economic reinsertion activities was described as critical for holistic recovery.

Challenge	Recommendation
<p>Inconsistent funding and shifting donor priorities make it difficult for CAMPS to provide consistent, holistic services.</p>	<p>Employ socio-economic activities that not only offer long-term benefits to beneficiaries, but also allow for long-term stability to CAMPS. One specific suggestion was for CAMPS to develop an animal husbandry program where beneficiaries would be trained and acquire livestock, while CAMPS would also be able to maintain the program as the animals reproduced. In addition, CAMPS could draw on programs offered by other NGOs to expand their referral network and continue to focus on the programmatic areas they specialize in, such as counseling and socio-economic reintegration.</p>
<p>Not all beneficiaries received the same services, which resulted in tension and gossip among beneficiaries. This was particularly true regarding access to socio-economic reinsertion, which was only provided to a select group of beneficiaries based on the resources available for distribution.</p>	<p>Seek to ensure that all beneficiaries have access to the same opportunities so as to reduce further stigmatization of certain beneficiaries and make all feel equally supported and valued. One specific suggestion was to decrease the amount of services provided to some to allow for enough funding for all to receive the same services. The victim-centered approach described in the conclusion of the report recommends involving beneficiaries in choosing the services they receive. While limited funding can make it difficult to provide a number of different services to all, survivors should be involved to the extent possible in decisions about how services are delivered..</p>
<p>Husbands and other family members are not given access to services, particularly medical care and counseling, which can create circumstances in which women would need to seek repeat assistance.</p>	<p>Create integrated models of programming that provide both individual support and family –oriented services. Beneficiaries discussed the importance of including family members the process of healing. Family mediation and counseling are important from a psychosocial standpoint. In the case of married couples, it is vital that husbands also obtain medical care along with their wives, particularly for STI testing and treatment. Beneficiaries noted that currently only women have access to medical care, resulting in cases where the untreated husband continues to infect his wife. Given CAMP's funding, it would be most realistic if they built partnerships with other NGOs to broaden the spectrum of potential services. Thus, male family members could potentially be referred to other NGOs for medical services and income generating training where possible.</p>
<p>Access is limited to remote areas where individuals' needs are great.</p>	<p>Leverage CAMPS' deep community connections and expand the community relay (RECO) system to continue to reach remote communities and share information about services provided by CAMPS. Build networks of former beneficiaries who can serve as community workers and educators in places where CAMPS is not able to work.</p>
<p>CAMPS locations are not always near medical facilities, making it difficult for those in need to access both medical and psychosocial care.</p>	<p>CAMPS should attempt to co-locate their offices with organizations that provide basic medical care, like malaria treatment, in order to make it easier for beneficiaries to fulfill all of their health needs. One example in which CAMPS has done this successfully is the office location in Walungu Centre, as it is nearby a general hospital.</p>

Bibliography

- Albutt K, Kelly J, Kabanga J & VanRooyen M 2013, "Stigmatization and Rejection of Survivors of Sexual Violence in Eastern DRC," Unpublished manuscript, Harvard School of Public Health.
- Boston Area Rape Crisis Center (BARCC) 2014. "BARCC Services." Available at <http://www.barcc.org/join/about/services>.
- Bastick MK, Grimm K & Kunz R 2007, *Sexual Violence in Armed Conflict: Global Overview and Implications for the Security Sector*, Geneva Centre for the Democratic Control of Armed Forces, Geneva.
- Kelly J, Kabanga J, Albutt K, Maclin B, Im S, Kissenkoetter M & VanRooyen M 2012, "A Patient Heart: Stigma, Acceptance and Rejection around Conflict-Related Sexual Violence in the Democratic Republic of the Congo," Unpublished manuscript, Harvard School of Public Health.
- Kelly J, Kabanga J, Cragin W, Alayna-Stevens L, Haider S & VanRooyen M 2012, "If your husband doesn't humiliate you, other people won't": gendered attitudes towards sexual violence in eastern Democratic Republic of Congo', *Global Public Health: An International Journal for Research, Policy and Practice*, vol. 7, no. 3, pp. 285-298.

APPENDIX 1

Overview of CAMPS Field Staff Details

Role	Age	Gender	Years of service
Chef d'Antenne	50	M	7 years
Psychosocial Assistant	52	F	Since 2010
Psychologist	33	F	Since July 2012
Psychosocial Assistant	47	F	2008
Chef d'Antenne	54	M	10 years
Chef d'Antenne	46	M	July 2013
Psychosocial Assistant	39	M	5 years

APPENDIX 2

Overview of Service Beneficiaries and Family Member Details

Minova

Role	Age	Gender	Years receiving services
Beneficiary	28	F	Since 2012
Beneficiary	27	F	5 years
Beneficiary	19	F	Since Dec. 2013
Beneficiary	42	F	Since July 2013
Beneficiary	19	F	Since Oct. 2013
Beneficiary	20	F	Since 2013
Beneficiary	42	F	1 year, 9 months
Husband of beneficiary	54	M	Wife has received care for 3 years
Husband of beneficiary	55	M	Wife has received care since 2012

Walungu Centre

Role	Age	Gender	Years receiving services
Beneficiary	23	F	5 months
Beneficiary	30+	F	Since 2007
Beneficiary	45	F	4 years
Beneficiary	32	F	5 years
Husband of beneficiary	30+	M	Since Aug. 2006
Husband of beneficiary	59	M	Unclear (since the war)
Husband of beneficiary	47	M	Almost 4 years

Muzinzi

Role	Age	Gender	Years receiving services
Beneficiary	26	F	Since 2010
Beneficiary	40	F	Since July 2012
Beneficiary	40	F	Does not remember, but was one of the first to arrive at CAMPS office

APPENDIX 3

Conference Schedule

PROGRAMME DETAILLE DE LA CONFERENCE

- | | |
|-----------------|---|
| 9 :00 – 9 :30 | <ul style="list-style-type: none">- Arrivée à la conférence- Bienvenue par CAMPS et HHI- Présentations des participants de l'atelier- Description de l'horaire de la conférence |
| 9 :30 – 10 :00 | <ul style="list-style-type: none">- Présentation de CAMPS des efforts visant à réduire la stigmatisation et les leçons qu'ils ont tirées de ce travail par Justin Kabanga- Questions du groupe |
| 10 :00 – 11 :00 | <ul style="list-style-type: none">- Premier travail en carrefour et plénière- Discussion du thème en carrefour – ½ heure- Présentations des productions des groupes en plénière – ½ heure |
| 11 :00 – 11 :45 | <ul style="list-style-type: none">- Présentation du projet d'évaluation et des résultats de ce travail par Beth Maclin et Miracle Chibonga- Questions du groupe |
| 11 :45 – 12 :45 | <ul style="list-style-type: none">- Déjeuner |
| 12 :45 – 2 :15 | <ul style="list-style-type: none">- Second travail en carrefour et plénière- Discussion du thème en carrefour – 1 heure- Présentations des productions des groupes en plénière – ½ heure |
| 2 :15 – 2 :30 | <ul style="list-style-type: none">- Mot de Clôture |

APPENDIX 4

Conference Discussion Questions

Activités en Carrefour : SESSION I

Groupe 1 : Assistance Socio-Économique

Il a été constaté que les bénéficiaires veulent souvent avoir des services sociaux-économiques à long-terme et des revenus durables. Cependant, en réalité, il peut être très difficile de prévoir quels genres d'activités rapporteront les revenus à long terme.

- Selon votre expérience, avez-vous vécu cela?
- Si oui, qu'est-ce que vous pouvez envisager de faire pour améliorer le travail à l'avenir par rapport à ce résultat ?
- Si non, qu'est-ce que vous avez trouvé qui est différent par rapport à ce résultat ?
- Pensez-vous qu'il y a quelque chose d'important à ajouter à ce résultat pour qu'il devienne plus complet ou précis?

Groupe 2 : Assistance Juridique

Il a été constaté que les survivants n'accèdent pas souvent aux services juridiques, et cela demeure un défi.

- Selon votre expérience, avez-vous vécu cela?
 - Si oui, qu'est-ce que vous pouvez envisager de faire pour améliorer le travail à l'avenir par rapport à ce résultat ?
- Si non, qu'est-ce que vous avez trouvé qui est différent par rapport à ce résultat ?
- Pensez-vous qu'il y a quelque chose d'important à ajouter à ce résultat pour qu'il devienne plus complet ou précis?

Groupe 3 : Assistance Psycho-Sociale

Il a été constaté que les survivants de violences sexuelles et leurs familles pensent que le counselling était très utile pour la guérison ou le rétablissement.

- Selon votre expérience, avez-vous vécu cela? Si oui, quel traitement de santé mental avez-vous trouvé très efficace?
- Si non, qu'est-ce que vous avez trouvé qui est différent par rapport à ce résultat?
- Pensez-vous qu'il y a quelque chose d'important à ajouter à ce résultat pour qu'il devienne plus complet ou précis?

Groupe 4 : Assistance Médicale

Il a été constaté que les survivants de violences sexuelles pensent que les soins médicaux faisaient ob-

jet de critique en ce qui concerne la guérison ou le rétablissement des patients. Cependant, ils ont affirmé que les institutions médicales sont toujours éloignées, et les services étaient limités aux femmes victimes, et rien n'était fait pour leurs époux ; ceci a constitué un frein pour une guérison définitive surtout quand il s'agissait des IST.

- Selon votre expérience, avez-vous vécu cela?
 - Si non, qu'est-ce que vous avez trouvé qui est différent par rapport à ce résultat ?
- Pensez-vous qu'il y a quelque chose d'important à ajouter à ce résultat pour qu'il devienne plus complet ou précis?

Activités en Carrefour : SESSION II

Question I :

Les bénéficiaires des services ont constaté qu'il y a une interaction importante entre les différents services. Ils ont parlé avec insistance d'une interaction positive dans l'acquisition de l'assistance. Etes-vous d'accord avec cela selon votre expérience? Si oui, quelles sont les meilleures pratiques que vous trouvez rassurantes par rapport aux services voulus et les services fournis aux survivants ? Si vous n'êtes pas d'accord, qu'est-ce que vous proposeriez à la place?

Question II :

Comment engageons-nous efficacement la communauté afin de favoriser des changements des attitudes autour du stigma lié à la violence sexuelle? Comment pouvons-nous le faire même dans des régions éloignées? Quelles sont les meilleures pratiques face à ce défi?

Question III:

Les survivants ont dit que la réconciliation et l'acceptation par la famille étaient un des aspects les plus importants pour la guérison. Quels sont les moyens efficaces pour impliquer les membres de famille dans le traitement et la guérison? Mais parfois la réconciliation de famille n'est pas possible. Quelles sont les meilleures pratiques dans une telle situation?

APPENDIX 5

About the Authors, Funder

About the Women in War Program

The Harvard Humanitarian Initiative's (HHI) Women in War program seeks to investigate and address women's needs in today's most troubled settings. HHI's network of diverse faculty, fellows, and researchers examines pressing issues that impact women's security throughout the world. Our projects emphasize the unique vulnerabilities women face in humanitarian settings, including gender-based violence, other forms of exploitation and abuse, and economic insecurity. Our research identifies some of the consequences of social instability and violence on women's livelihoods as well as the key role women can play as agents of social change. Our work highlights the ways in which women are vital actors in their communities - advocates for change, businesspeople, service providers, and leaders. HHI's research attempts to capture the complexities and nuances of these roles and to explore how women interact with other actors.

HHI's investigations inform approaches to reduce the vulnerability of women in conflict and support community-level resilience strategies. The Women in War program employs a participatory research approach grounded in collaborations with international and local non-governmental organizations and community-based associations. This approach helps us bring the voices of the experts – the women affected by violence and instability – to practitioners and policy makers to catalyze the development of more effective programming. The program's goal is to translate the knowledge gained from working with affected communities into timely and impactful programming and policy.

This report was produced by Jocelyn Kelly, the director of the Women in War program, and Beth Maclin, the research coordinator of the program.

About LOGiCA

Established in 2009, LOGiCA is a three and a half year program financed by a multi-donor trust fund of US\$8.7 million.

LOGiCA's specific objectives are:

- To increase gender-sensitive programming in demobilization and reintegration operations in the great lake region by better addressing the gender-specific needs of male and female ex-combatants;
- To generate knowledge and good practice on how to address gender and conflict issues - with a focus on programs addressing demobilization and reintegration, gender-based violence, vulnerable women in conflict affected areas, and young men at-risk in Sub-Saharan Africa

LOGiCA is built upon lessons from the Learning for Equality Access and Peace (LEAP) Program: LEAP was established in 2007 under the Multi-country Demobilization and Reintegration Program (MDRP) to strengthen the impact of Programs from a gender perspective.

LEAP used a combination of gender-sensitive approaches and piloting activities which proved crucial in contributing to the MDRP's understanding of gender issues facing demobilization and reintegration programs. Furthermore, LEAP served to identify a number of broader post-conflict gender issues with currently limited operational responses. Thus LOGiCA was established as a stand-alone initiative with a widened scope to address other critical gender and post-conflict issues, in addition to a retained focus on demobilization and reintegration in the Great Lakes Region in collaboration with MDRP's phasing-out initiative – the Transitional Demobilization and Reintegration Program (TDRP).

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