



Measuring Impact: Survivors' Social, Psychological and Economic Well-Being

Many survivors of sexual violence in the Democratic Republic of the Congo experience high levels of distress and most live in extreme poverty—both exacerbated by the stigma faced in families and communities. To identify cost-effective and scalable interventions that improve the psychological, social and economic well-being of survivors, IRC introduced both mental health and economic programming and designed a rigorous evaluation to test their effectiveness.

Background

In the last two decades, the Democratic Republic of the Congo (DRC) has become synonymous with sexual violence by armed groups. Eastern Congo is embroiled in conflict with armed groups committing high rates of sexual violence and survivors often facing significant stigma within their own families and the wider community. Access to services in Eastern Congo – both emergency and longer term care – remains a major challenge both due to lack of service availability as well as stigma.

These barriers mean that survivors of sexual violence sometimes never receive adequate care, and as a result of their trauma, many have problems completing their day-to-day obligations like caring for their families, earning or working, caring for themselves, and contributing to their communities. They also have high rates of mental health and social problems including mood disorders, anxiety, withdrawal and rejection by family and community, even when compared with other violence-affected populations in other parts of Africa and the world.

In the DRC, the IRC has been training and supporting case managers from local NGOs to provide psychosocial services to survivors. This has been successful; however, case managers report the need for more skills to address the large number of clients, their multiple needs and to provide viable options for referring clients in need of more specialized care. In addition, the IRC has identified increased access

to economic resources as a need for survivors because of their frequent alienation from friends and family.

To address both of these needs, the IRC has introduced two new and innovative programs for survivors of sexual violence in South Kivu, Eastern DRC: one economic program centered on Village Savings and Loan Associations (VSLA) and one mental health program centered on a type of group therapy called Group Cognitive Processing Therapy (GCPT). The programs are targeted at survivors who have difficulty completing day-to-day activities and have high symptoms of distress.

Ultimately, the IRC aims to identify cost-effective, scalable interventions that improve the psychological, social, and economic



well-being of survivors of sexual violence living in Eastern DRC.

Funding and Academic Partner

The project and evaluation is funded by USAID and the World Bank. The IRC is partnering with Johns Hopkins University (JHU) to conduct the evaluation. Academic partners at JHU are part of the JHU Bloomberg School of Public Health Applied Mental Health Research Group and have conducted (or are conducting) mental health intervention studies in 14 countries in Africa, Asia, Europe, and North America, including 10 randomized controlled trials..

Research Questions

1. What is the impact of a mental health intervention on social, psychological, and economic well-being?
2. What is the impact of a socio-economic intervention on social, psychological, and economic well-being?
3. What is the combined impact of a mental health intervention followed by a socio-economic program on social, psychological, and economic well-being?

Program

Economic Program: The Village Savings and Loan Associations (VSLA) model was developed to provide a system of community savings for people who cannot access banks or microfinance institutions. Self-selected groups of 15-25 members form independent associations where each member saves and contributes to a common pool of money. Members can apply for loans from the pool and pay back with



interest. At the end of a cycle (usually about 1 year), group members cash out and receive their savings plus interest earned. IRC has implemented VSLAs in several programs and have found the results promising. A model based on trust among the members, IRC sees VSLAs as an important tool with which to promote solidarity and social cohesion amongst women and contribute to the social reintegration of survivors.

Mental Health Program: Group Cognitive Processing Therapy (CPT), a structured group therapy that research has shown to be effective used to assist trauma survivors and can improve a variety of symptoms related to depression, anxiety and posttraumatic stress disorder, was adapted to fit the cultural context. Local Psychosocial Assistants (PSAs) were trained by expert US-based CPT trainers

and provide the therapy to groups of 6-8 women. The PSAs are provided with direct supervision and assistance with problem solving as issues arise, with remote supervision and quality assurance provided by the US-based CPT trainers.

Evaluation Design and Methodology

In line with its commitment to implementing programs that are both evidence-based and evidence-generating, the IRC is carrying out a rigorous impact evaluation with two, parallel randomized control trials. One randomized impact evaluation will assess the impact of the economic intervention alone. The second randomized impact evaluation will assess the impact of the mental health intervention and the economic intervention together. In the second evaluation, the mental health intervention is delivered first, and the economic intervention is delivered second.

Both evaluations will investigate the impact of the mental health and economic interventions on:

- Psychological well-being

- Physical and social functioning
- Economic functioning
- Family functioning

The impact evaluation has five main components: 1) a qualitative assessment, 2) a quantitative baseline assessment, 3) a qualitative post-program assessment, 4) a quantitative assessment for short-term outcomes approximately 12 months after the start of all interventions, and 5) a final quantitative assessment for longer-term outcomes approximately 24 months after the start of all interventions. In addition to these components, there is ongoing systematic program monitoring at individual and group levels.

The quantitative assessment is tailored to the context of South Kivu has been developed. It collects information about women in the programs, their families, and their communities. The tool includes questions about mental health symptoms, overall functioning, income and consumption, involvement in families and communities, and relationships with friends, family members, and community members.

Findings to Date

The qualitative assessment was conducted and informed the development of the questionnaire for the quantitative assessment. The quantitative baseline was conducted and found high levels of distress and impairment in functioning compared to other populations.

Results of the full impact evaluation for the mental health program are expected by January 2012 and for the VSLA program by June 2012.

For more information, contact:

Jeannie Annan, Director
Research, Evaluation & Learning Unit
International Rescue Committee
122 East 42nd Street
New York, NY 10168-1289
212 551 3000