



# A Movement for Change: Women's community-based organizations in the Democratic Republic of Congo

The Democratic Republic of Congo (DRC) is frequently identified by the violence that has plagued it for over two decades. This ongoing conflict, which has displaced hundreds of thousands of individuals and disrupted countless lives, is specifically characterized by violence against women and girls (VAWG). The International Rescue Committee (IRC) began working in Eastern DRC in 2002, providing essential and comprehensive services for survivors of VAWG and promoting social and economic opportunities for women and girls.

Throughout the past decade, the IRC has partnered with women's community-based organizations (CBOs) across the full range of interventions designed both to prevent and respond to VAWG and empower women and girls. In 2013, based on evidence gathered from ten years of programming and in the interests of making services both more accessible and more cost-effective, the IRC transitioned its approach from supporting local non-governmental organizations (NGOs) in providing case management services to working directly with CBOs as service providers. Though there were concerns amongst community members and IRC staff, alike, about the ability of CBO members to take on this larger role, the IRC's experience has demonstrated that services embedded in community structures are extremely effective, valued, and even preferred by survivors and community members.

## Case Management

Case management represents the core of IRC services for survivors of VAWG; this step-by-step process provides a safe, confidential and supportive space and ensures that survivors access essential services including health care and psychological support. What happens here, and how services are provided to an individual as they cope with the effects of violence, can determine a survivor's healing and recovery process.

## Case Management Strategy Analysis

Between 2002 and 2011, the IRC followed various approaches to service provision in South and North Kivu, based on existing local capacities and the IRC's resources at different times. In some areas, local NGO partners provided case management services for survivors of VAWG. These local NGOs had main offices in the larger cities, and satellite offices in rural communities where psychosocial assistants held office hours in which they delivered case management services. In other sites, particularly in North Kivu, women's CBOs had previously provided case management services. These CBOs had been formed in the communities by local women with the support of the IRC. However, by 2011, services were also being provided in North Kivu sites by NGO partners, based on the assumption by many that such NGOs could provide a higher quality of case management services.

Through monitoring and evaluation data, partner evaluations, and site visits, several questions emerged about which approach would be more effective and sustainable for provision of case management services, leading to a formal case management strategy analysis in 2011-2012. The strategy analysis was grounded in the IRC's country strategy which prioritizes partnerships and community accountability. In addition, the IRC undertook an analysis of monitoring and evaluation data which compared the two models, including the degree of access that survivors have to CBOs compared to NGOs, the sustainability of the different models, and the comparative cost-effectiveness of service provision under each approach.

## Women's Community-Based Organizations

Women's community-based organizations (CBOs) in the IRC's intervention sites – most of which existed in the sites before the IRC began working there – are made up of local women in each community.

Each CBO typically has a management committee, usually made up of a president, vice-president, secretary, treasurer, advisors, and rotating heads of different income-generating activity (IGA) committees or groups (e.g., one woman heads up the group that is responsible for making soap for a period of time until another woman takes it up later, allowing women to rotate through different groups and learn different activities). Each CBO has around 50-70 members; depending upon the CBO's governing rules, members of the management committee will serve a certain term before elections for new management committee members take place.

CBOs choose to engage in a variety of IGAs – beignet (donut) making, weaving, animal husbandry, soap-making, sewing and embroidery, agriculture/small vegetable plots, etc. – depending upon the CBO and the activities that the women decide to initiate. Women then use the money to invest back in the CBO to continue doing these activities or to cover other CBO expenses such as purchasing equipment and materials, building maintenance, etc. Many CBOs have even used these returns to buy their own plots of land, construct buildings, and establish communal women's gardens. In some cases, CBOs have also started literacy classes to benefit women in the community.

The analysis revealed that access to services is increased in the CBO model, likely due to the fact that CBOs are strongly anchored in their communities and maintain higher levels of acceptance than NGOs whose staff are often from other areas within the province or elsewhere. Experience also showed that NGOs were dependent on IRC funding, raising important questions and concerns around the sustainability of services. CBOs on the other hand, especially those in South Kivu, existed in communities before the IRC arrived, have gained strong acceptance within their respective communities, and are expected to continue to function without ongoing IRC support in the future. Lastly, the analysis demonstrated that as well as providing quality services, a community-based approach was more cost-effective than partnership with NGOs. For example, while NGOs required sub-contracts that included significant overhead costs, CBOs were supported through small grants, which they supplemented with income-generating activities. Based on the results of the case management strategy analysis, the IRC made the decision in late 2012 to transition case management services fully from NGO partners to women's CBOs.

## Transition

The transition involved developing a plan with NGO and CBO partners, adaptation of tools to CBO members' existing capacity, and staff

development plans for CBO case management focal points. Two to five volunteer focal points were selected from each CBO through a participatory process; these focal points were then supported with extensive and ongoing training to provide case management and psychosocial services. The CBO as a whole continued to receive support via small cash and in-kind grants to promote self-sustaining economic activities and organizational development. Trainings were held for the CBO on topics such as VAWG and its causes and consequences, supporting survivors, business skills and local advocacy, among other subjects. The transition was also supported by a phased communication process of introducing CBO focal points to community members, leaders and other service providers, and adapting referral pathways. In addition, CBO members and IRC staff conducted ongoing community outreach campaigns to ensure that survivors knew about the adapted services and how to access them. Relevant case files were progressively transferred from NGO partners to CBO focal points, with high-risk cases (identified through the use of a tool developed for this purpose) referred to and supported directly by IRC staff.

## Challenges

Transitioning to CBO-led case management services was not without challenges, not least of which was a belief by many, including some within the IRC, that CBOs were less capable of performing this role, particularly given the low education and literacy levels of many of their members. Local NGO staff who had previously been providing case management and psychosocial services all had at least a high school

education and a few years of counseling experience, while CBO focal points had no previous or professional experience in the field.

The volunteer-based nature of the work also presented challenges. While NGO staff had been paid to provide full-time services, CBO focal points worked on a part-time, volunteer basis. The reason for not paying salaries was two-fold: first, providing payment to several individuals within a CBO might create internal divisions and a breakdown of trust, and secondly, the IRC wanted to explore sustainable community-based solutions, with the hope that CBO-provided services could continue even in the absence of IRC funding and resources. Therefore, the IRC decided to support CBOs as an entity, with grants, training, and coaching, but not financial remuneration for individuals. Under this part-time volunteer system, case management focal points must therefore manage their volunteer service with other family and economic demands.

In addition, to address limited CBO experience and capacity, a thorough training and support plan was required to ensure that women were equipped with the knowledge and skills to be able to provide quality services to survivors. This presented a challenge mainly for CBO focal points who were required to invest significant amounts of time developing their skills in the initial transition period.

## Successes

Despite concerns about the capacity of CBO members, services have proven to be of high quality – in some cases, higher than was provided by NGO partners. For example, 98% of survivors interviewed in 2013-2014 reported being satisfied with the individual case management and psychosocial support services provided by CBO focal points.<sup>1</sup>

Furthermore, the transition to CBO-led service provision brought a range of opportunities – some almost immediately. When the IRC started working exclusively with CBOs in November 2012, case management focal points observed an ongoing increase in the percentage of rape cases reported within 72 hours, the critical window in which survivors

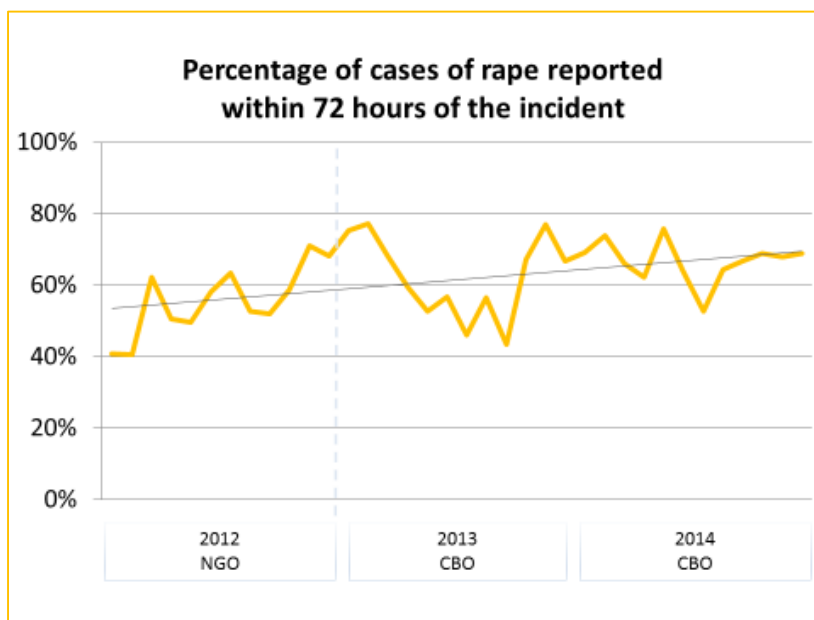


Figure 1

can access care and prevent life-threatening health consequences of violence (Figure 1). Discussions with women in the community, CBO members, and experienced IRC staff suggest that improved access may be due to the fact that CBOs are strongly embedded in, and trusted by, women in their communities. Focal points are individuals who are known by other community members and remain in the community, and thus are available to survivors even outside of official office hours.

<sup>1</sup> This data is gathered from client satisfaction surveys conducted in 2013 and 2014.

Moreover, CBO focal points provided services for incidents that represented a wider distribution of violence, compared to cases previously reported to local NGOs. In Figure 2, data from local NGOs in 2011-2012 show that the majority of cases reported to service providers were cases of rape – 75% in both years, with other types of violence between 1-7%.<sup>2</sup> Given the IRC’s experience, it is clear that women experience other types of violence for which they do not always seek help. This was confirmed through data that was collected from CBOs in 2013-2014, which demonstrated a shift in reporting trends in which rape was still the majority of the cases reported, but twice as many cases of other types of violence such as psychological violence, denial of resources and opportunities, and physical assault were also present.

Similarly, survivors reporting to CBOs experienced violence by a wider range of perpetrators versus those reporting to NGOs (Figure 3). In 2012, data from NGOs showed that the vast majority of reported violence was perpetrated by either members of an armed group, or someone unrelated to the survivor. In data from CBOs in 2013 and 2014, another interesting shift was noted when reported cases started to more readily reflect violence perpetrated by people known to the survivor – her intimate partner, her family members, or other members in her community.

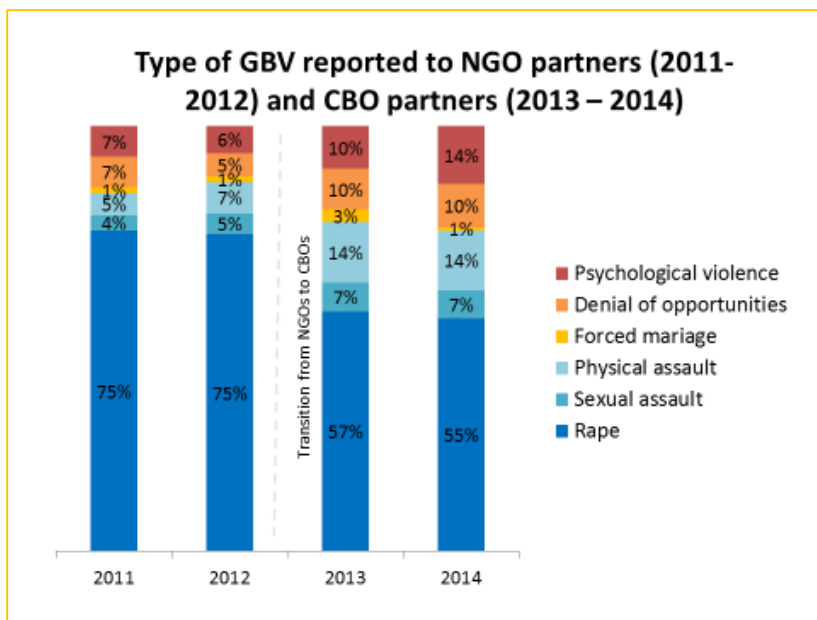


Figure 2

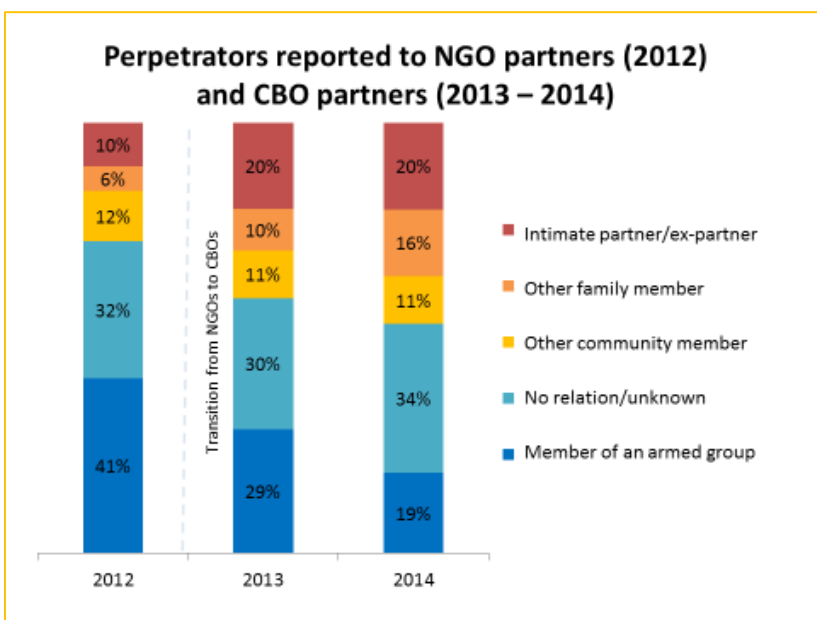


Figure 3

According to the analysis conducted by the IRC’s Women’s Protection and Empowerment team, this data could be attributed to CBOs’ ability to understand more completely the complexities and nuances of cases concerning other forms of violence that members in the community experience. It could also be due to stronger relationships and trust between the community and CBO focal points that support women to report more sensitive cases such as intimate partner violence and emotional abuse. Lastly, while NGO mandates in the DRC are often strongly linked to sexual violence given the overwhelming narrative in the country on

<sup>2</sup> This represents reported incidents of violence or survivors who requested services. It does not reflect the cases of violence that happen where survivors do not seek assistance.

this particular kind of VAWG, CBO work was more closely focused on the issues they observed in their own communities, which prompted a strong emphasis in community outreach work on other kinds of VAWG, including intimate partner violence.

*“There is strength in unity.”*

—CBO member, Eastern Congo

A key factor in the success of this approach has been ongoing training and individual support for CBO focal points, which has helped to progressively develop their skills in providing services to VAWG survivors to the point where a number of these focal points are now able to co-facilitate the trainings alongside the IRC. In addition, the IRC continues to provide overall support to the whole CBO through cash and in-kind grants and training in various topics, including organizational development, financial management, business skills, conflict resolution, and advocacy. Such trainings are developed and tailored with a view to reinforcing the financial and functional independence of CBOs in the future.

## Individual and Community-level Change

### Women report that CBOs have multiple benefits for communities, including:

- Creating solidarity and social cohesion
- Building mutual respect and trust
- Supporting volunteerism and connection
- Empowering women and girls

In addition to their capacity to provide quality, direct case management services, experience from the DRC shows that strong women’s CBOs can transform the lives of women and girls in their communities. CBOs create solidarity, mutual respect, trust, social cohesion, and connection, according to CBO members who have reflected on the role of the CBO.

When asked about how CBOs had met the needs of women, CBO members and other community

members reported that being part of the CBO has led to them having more say in their households, local government policies, and communities. They are also more respected and have become key focal points for advice and support. Ninety-six percent of community leaders interviewed by the IRC in 2013-2014 stated that communities appreciated the presence and work of CBOs. In addition, CBO members report that their status has been enhanced because of the services they provide and the perceived importance of their role in the community; they are now asked by leaders to participate in community meetings and contribute to decision-making because of this improved status. Beyond individuals, women also report that wider community norms have started to change because of CBOs – in the way women see themselves and in the ways they are seen by others. Women are learning skills that help to increase household revenue, have more information about their rights, and they are becoming more empowered leaders in their communities.

## Conclusion

Based on more than ten years of experience working in the DRC, the IRC has found that CBOs can, and do, provide high quality services that meet survivors’ needs in a way that is more sustainable and more empowering for women than other approaches. This experience demonstrates that developing strong women’s networks and platforms allows them to influence their communities in important and inspiring ways that cannot easily be replicated in traditional NGO models of service provision. With the right tools and resources, women’s CBOs are well-placed to achieve remarkable and sustainable gains in preventing and responding to violence against women and girls in their communities.

*“We dare to defy convention.”*

—CBO member, Eastern Congo