To identify cost-effective and scalable interventions that improve the psychological, social, and economic well-being of survivors of trauma and sexual violence, the IRC introduced mental health and economic programming in the Democratic Republic of Congo (DRC) and designed a rigorous evaluation to test their effectiveness.

**Policy Issue**
Lack of specialized services and widespread stigma towards survivors of sexual violence mean that survivors in the DRC rarely receive adequate care, and as a result of their trauma, many have problems completing their day-to-day obligations such as caring for their families, 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.

Much remains unknown about how to treat the various mental health and psychosocial consequences of sexual violence. In areas where survivors are also faced with extreme poverty and the burden of social stigma there is currently little evidence on effective interventions for increasing social capital and improving economic status. 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.

**The Context**
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 high rates of sexual violence, and survivors often face significant stigma. Access to quality services in Eastern Congo – psychosocial, health and longer term care – remains a major challenge.

In the DRC, the IRC works with social workers from local NGOs to provide case management and psychosocial services to survivors. Social workers report wanting more skills to handle the large number of clients and to specifically address the mental health issues their clients present over time. The economic status of women and their families in Eastern Congo is dire. Those living with the stigma and isolation of sexual violence are particularly economically vulnerable.
The Intervention
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.

The Impact Evaluation
In line with its commitment to being both evidence-based and evidence-generating, the IRC is carrying out a randomized impact evaluation that assesses 1) the impact of the economic intervention alone and 2) the impact of the mental health intervention and the economic intervention together.

Both evaluations are investigating the impact of the mental health and economic interventions on psychological well-being, physical and social functioning, economic functioning, and family functioning.

The evaluation has various qualitative and quantitative components. There are two qualitative assessments, one pre-program and one post-program; and three quantitative assessments. There is one quantitative assessment at baseline, one assessment 12 months after the start of the interventions (to capture short-term outcomes), and one final assessment 24 months after the start of the interventions (to capture longer-term outcomes).

In addition to these components, there is ongoing systematic program monitoring at individual and group levels.

Findings to Date
The pre-program qualitative assessment is complete 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 April 2012 and for the VSLA program by June 2012.

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