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Evaluating Integrated Medical and Public Health Responses to Conflict-Related Violence Against Women and Children in Central and East Africa

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Abstract: This is of great public health and beneficial importance given the association of fragile and conflict affected contexts with reduced protection and treatment and reduced access to longer-term support. Therefore, the study of this problem is important because evidence based on this is fundamental to have sensitive integrated policies, improve the services offered and reduced the intervention and protectionist ones. This study: - observed prevalence, forms and impacts of violence (including violence against women) expressed within conflict affected communities in DRC and SS; - examined effectiveness of integrated response mechanisms (IRMs) including R.E.P.A.I.R. programmed, within conflict affected communities. The research used a quantitative approach which was cross-sectional survey, the instrument they used was structured questionnaire containing 9 sections while the data they analysed was based on descriptive data and chi square analysis with SPSS Version 26. The findings revealed high exposure to different forms of violence (physical, sexual, psychological and violence related to displacement) and high unmet needs in the areas of medical care, psychological care, reintegration and access to justice. Findings show that, overall and often on several fronts, survivors' needs are multi-dimensional and must be addressed in an integrated way, including medical, psychological and public health interventions, rather than a sectoral approach, with actions taking place in isolation.

Keywords: *Conflict-related violence, women and children, Democratic Republic of Congo, South Sudan, integrated response, psychosocial support, public health.*

INTRODUCTION

Armed conflict has one of the worst and most lasting impacts on women and children, especially in low resource and fragile environments, where insecurity, displacement and the disruption of public institutions and services all tend to heighten risks of violence against women and children and limit access to services and protection. In recent past incidents of gendered sexual violence, there are cases of gender-based violence of women/girls caught up in conflict zone; there are references that farther back there has been incidence of conflict related sexual violence, intimate partner violence and other forms of violence not usually reported due to stigma, fear and/or no reporting mechanism available. The effects of such violence are wide-ranging and multifaceted, not only physical, but reproductive, psychological, social and relating to re-integration [1, 2] can all be affected. The responsibility will be recognised but the response, internally and externally, will be very difficult in a beneficial and post-conflict setting. The needs of those who survived are not survivors-centered but rather timely and coordinated on average. Survivors need psychological services and community-based follow-up services are only provided a small percentage of the time. However, many conflict-affected settings continue to face similar challenges with integrated service delivery, such as lack of staff, inconsistent implementation, poor referrals, and lack of coordination [3,4]. The ongoing war in Sub-Saharan Africa has several issues that impact the lives of women and children including the highest number of civilian casualties and an increased number of women and children being targeted due to their increased susceptibility to direct and indirect violence. The risk of violence to the population in the DRC is high, with limited protection, health and social services, and a longer spell of instability and displacement, making access to recovery, justice and social reintegration for survivors limited. Though an integrated response model has been the focus of attention, there has been little empirical work undertaken at the population level or by survivors who can provide an understanding of the nature of violence around conflict situations and survivors' views of the quality of medical / public health response in these situations [5, 6]. This study aims to estimate the extent, characteristics and consequences of conflict-related assault on women and children in the Democratic Republic of Congo and South Sudan, based on cross-sectional survey data from 7,500 respondents. It also assesses the perceived efficacy of integrated public and medical responses such as the

R.E.P.A.I.R. program to provide evidence that will be more effective in supporting the response and scaling up to survivor settings in affected conflict settings.

METHODOLOGY

The study used a quantitative approach based on the positivist research paradigm and a deductive design to analyze the conflict-related "violence against women and children in the Democratic Republic of Congo and South Sudan." The cross-sectional descriptive survey design was chosen because it enabled the study to provide population-level evidence of patterns of violence, health impacts, and perceptions of response services in conflict-affected communities.

This included a multistage cluster sampling, and a final sample of 7,500 of the sample respondents was selected from conflict affected communities in both countries. The study population was selected from the conflict affected community and the inclusion criteria as outlined in the thesis was used and a sufficient population size was considered a strength in terms of the representation of the results.

The primary tool used to collect data was a structured questionnaire comprising nine sections: sociodemographic characteristics, health effects, mental wellness, social reintegration, household and social life, justice and reparation, recommendations of the survivor, and evaluation of the R.E.P.A.I.R. program. The construct validity/content and face, internal consistency, and consistency of the five questions were assessed prior to the main survey administration and the procedural reliability and consistency of the five questions were assessed during the main survey administration. These assessments were done through "literature review, expert validation, pilot testing and content and face."

The six-step process was carefully planned and implemented, with special attention paid to ethical procedures in the collection, storage and handling of data, including consent and confidentiality, to ensure the security of the data and its responsible management. The data was expressed as frequency distribution and Chi square test was used to find the association between the categorical data and percentage and data entry and processing was done by using SPSS version 26.

RESULTS

The analysis concentrated on 7,500 in these respondents living in the areas of the country where the effects of conflict have been witnessed in the Democratic Republic of the Congo and South Sudan. Sample selection was designed to evaluate the combined medical and public health response in the sampling areas, and to provide estimates of the prevalence and impact of conflict-related VAW and VAC. The results of the sociodemographic analysis showed that age, gender, and country were uniformly distributed. This allowed for the subsequent patterns of outcomes to be interpreted by the age, gender, and country sub-groups. The respondents are mainly from the financially and reproductively active age groups of 36-45 (26.4%), 16-25 (25.4%) and 26-35 (24.9%). The gender split was quite even with 51.2% of the population being men and 48.8% women. There was also a fairly even split between the Democratic Republic of the Congo (300.6%) and South Sudan (49.9%). In addition, there is a distribution of marital statuses (divorced, divorced but not remarried, or married, widowed) which ultimately indicates that no specific marital status and therefore no specific household or family is affected by any conflict experience.

Table 1. Sociodemographic characteristics of respondents.

Variable	Category	n (%)
Age	"Less than 15 years"	760 (10.1%)
Age	"16-25 years"	1,903 (25.4%)
Age	"26-35 years"	1,865 (24.9%)
Age	"36-45 years"	1,979 (26.4%)
Age	"More than 45 years"	993 (13.2%)
Gender	Female	3,659 (48.8%)
Gender	Male	3,841 (51.2%)
Country	DRC	3,759 (50.1%)
Country	South Sudan	3,741 (49.9%)
"Marital status"	Divorced	1,935 (25.8%)
"Marital status"	Married	1,849 (24.7%)
"Marital status"	Single	1,870 (24.9%)
"Marital status"	Widowed	1,846 (24.6%)

Finding results revealed that there was violence-related harm prevalent and complex in the population studied. Approximately half mentioned instances of violence personally experienced by them and that indicates that violence was not only experienced by few but was part and parcel of community living in these conflict situations. The proportions of physical, sexual, displacement and psychological violence were almost equal, suggesting some overlap between physical, emotional and social violence. The perpetrators also were varied, both militia and government forces, as well as peacekeeping personnel and even unidentified individuals, and insecurity in both countries was multifaced and scattered.

The effects of violence were also proposed to be not only in the medical, psychological and social aspects but it was also assumed that the medical and psychological/psychosocial support to the victims was not immediately provided to them. Many other challenges to recovery cited involved the challenges of reintegration, fear, lack of full community acceptance, and poor justice outcomes. The findings of this study corroborate the idea that emergency clinical care is not enough for people who have survived a crisis; the coordinated and sustained service response must attend to their needs.

Table 2. Exposure to violence and key post-violence patterns.

Domain	Category	Result
Personal exposure to violence	Yes	3,759 (50.1%)
Personal exposure to violence	No	3,741 (49.9%)
Type of violence	Physical violence	1,954 (26.1%)
Type of violence	Sexual violence	1,889 (25.2%)
Type of violence	Displacement	1,837 (24.5%)
Type of violence	Psychological violence	1,820 (24.3%)
Perpetrator	Militia	1,962 (26.2%)
Perpetrator	Unknown perpetrators	1,854 (24.7%)
Perpetrator	Government forces	1,843 (24.6%)
Perpetrator	Peacekeepers	1,841 (24.5%)
Health and support	Medical and psychological support	Many survivors did not receive timely care after the violent event.
Reintegration	Community return and acceptance	Fear, stigma, and incomplete acceptance were major barriers to reintegration.
Justice	Reporting and outcome	Reporting occurred in only part of the sample, and justice was often perceived as incomplete.

DISCUSSION

The result of ourstudy supports the notion that conflict-related violence against women and children is not only a security issue, but a complex public health problem with multiple physical, psychological and social impacts. The high rates of direct violence exposure found in the sample are similar to the broader evidence from conflict contexts, which indicates that women and children are exposed to direct violence and indirect violence through displacement, disruption of services, and reduced protective mechanisms. The relatively balanced distribution of physical, sexual, psychological and displacement-related harms in this study also indicates that violence in conflict contexts is multidimensional, consistent with previous research that found that abuse is often not limited to a single context but can occur in both public and private settings [7, 8]. The study's results regarding the unmet medical and psychological needs are also significant. Experience from conflict-affected areas indicates that health service coverage may decrease during conflict, especially when insecurity, damaged infrastructure, and staff shortages make it difficult to provide continuity of care. This may account for the fact that many survivors in the current study were not provided with timely medical or psychosocial care, despite the severity of the harms reported. The continued stigma, lack of full reintegration and lack of confidence in justice outcomes also resonate with the wider literature on recovery from violence, which indicates that recovery is not only about access to treatment, but also about social acceptance, trust and long-term support systems [9, 10]. Another significant implication is related to integrated service delivery. In humanitarian contexts, previous research has demonstrated that multisectoral models are promising but challenging to implement due to the need for funding, inter-agency coordination, institutional ownership, and survivor-centred referral systems. The mixed assessment of the R.E.P.A.I.R. programme in this study is not unexpected, but rather realistic, given that integrated programmes can have implementation challenges despite their conceptual strength. The results of these studies indicate that effective interventions in the DRC and South Sudan should shift from episodic emergency care to long-term, context-specific systems that integrate medical treatment, psychosocial support, community reintegration, and referral systems that are held accountable [11, 12].

CONCLUSION

This means that VAW [violence against women and children] is widespread, underlined by significant medical, psychological and social impacts, and occurs in conflict venues, such as in the Democratic Republic of Congo and South Sudan. The findings indicate that the survivors of violence have experienced physical, sexual and psycho-social violence, but also had huge challenges in getting timely care, and in psycho-social rehabilitation, reintegration and justice. The results also indicate a need for more comprehensive service delivery that addresses the health, mental health,

protection/community supports dimensions of the needs of survivors that are inadequately addressed in a piecemeal fashion. In terms of the assessment of the response mechanisms, a medical and public health integrated approach to response to such complex needs is a valuable approach, albeit with non-consistent implementation. In particular, mixed assessment of the R.E.P.A.I.R. programme highlights the specific needs for improving continuity of care, co-ordinated referrals, decreasing stigma and service delivery based on needs of survivors. On the whole, this study provides empirical evidence that more in-depth and scalable interventions are needed that provide a combination of immediate treatment with long-term psychosocial, social and justice-based support along the African axis of conflict.

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