



# Congolese-led partnerships to improve the health, economic and social well-being of communities in Eastern DRC

# Partners

- Foundation RamaLevina – Congolese led mobile clinic for GBV survivors and their families in rural villages in the Walungu Territory, South Kivu
- AFEDEC – (Association des femmes engagées pour le développement communautaire) Congolese led mobile clinic and advocacy for GBV survivors and families in several rural villages and Goma in North Kivu
- PAIDEK Microfinance – Congolese led microfinance organization founded in 1996 to respond to economic needs of rural and urban Congolese in South and North Kivu

# Partners

- Flamme De L'Amour (Flame of Love) – Congolese led orphanage for child survivors of sexual violence, and other vulnerable children in Goma, North Kivu
- Archdiocese of Bukavu and Catholic University of Bukavu, South Kivu
- Great Lakes Restoration (GLR)– US based Congolese-led NGO focused on building the peace in Great Lakes Region of Africa
- Johns Hopkins University School of Nursing
  - Undergraduate and graduate students at Hopkins Schools of Medicine, Public Health and Nursing

# Principles of Partnership

- ▶ Strengths-based approach– expertise, capacity and volunteerism exists within Congolese led organizations
- ▶ Interdisciplinary team (microfinance program directors, health professionals, agriculture technicians, researchers) approach with respect for diverse perspectives
- ▶ Sustainability of programs requires true partnerships with Congolese community leaders and members
- ▶ Participatory action research – research must be linked to services
- ▶ Integration of health, economics and social programs to provide a holistic and comprehensive approach to individual, family and community need
- ▶ Transparency and equity among partners in distribution of financial resources

# 16 years of armed conflict in Eastern DRC

- ▶ Limited infrastructure (health care, education, employment roads, government)
- ▶ No accurate number of those affected, estimated 6 million have died;
- ▶ Forced Displacement
- ▶ Rape as a weapon of war
- ▶ Economic insecurity: Rebels and soldiers have looted essential tools, animals, all materials of value





# Limited Infrastructure: Access to Needed Health Care Services

- ▶ Rural primary health centers and hospitals have been looted of medicine and materials by rebels and soldiers
- ▶ Healthcare professionals leave rural areas for more stable and safe health centers in urban areas
- ▶ Poor roads and limited transportation make getting to hospitals/clinics for care unsafe and expensive



# Rape as a Weapon of War

- ▶ Rape is used as a form of torture; young and old
- ▶ Destabilize families and communities – forced displacement
- ▶ Raped women and girls can be isolated and rejected – “married to the interahamwe”
- ▶ Survivors of rape rarely have access to immediate health care
  - No post-exposure prophylaxis (PEP)
- ▶ Survivors of rape and families concerned about HIV/STIs, infertility, and trauma
- ▶ Children born from rape can be seen as a “curse”





# Strategies to reintegrate survivors to rebuild families and communities

- ▶ Access to affordable health care including HIV/STI testing and treatment
- ▶ Mediation by trusted community members towards reintegration of survivors to family and community
- ▶ Economic security – women and men need to regain economic resources for future of family and community
- ▶ “Stigma is less when you have money to care for your children and family”





# Reintegration of Women Leads to Reintegration of Children (Soeur Alvera, volunteers and children of Flamme de L'Amour Orphanage in Goma)



# Integration of Health, Economic and Social Well-Being

## Foundation RamaLevina and AFEDEC


- (Volunteer Congolese physicians, nurses, lab techs, teachers, community members)
- Provide free mobile clinics services to rural areas
- Works with local advocates to reintegrate women through family mediation
- Formation and capacity of village solidarity groups to collaborate on agriculture and animal husbandry efforts





# Foundation RamaLevina Mobile Clinic: July 2010

8 mobile clinics completed, 2 clinics weekly in the two villages (IKOMA and MWIRAMA)

- 128 different women received care, 119 (93%) sexual violence survivors
  - The majority of survivors were ages 20–59 years
  - 52% of survivors are caring for 5–8 children in their household
  - 29% of survivors had no income, another 66% worked in agriculture
  - 11% of women and their children were abandoned by husband/family and 34% of survivors are widows
  - Vast majority (88%) of the sexual assaults were at least 3 years ago, however 31% of survivors reported never receiving clinical care.
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# Foundation RamaLevina Mobile Clinic: July 2010

- ▶ 8 mobile clinics completed, 2 clinics weekly in the two villages (IKOMA and MWIRAMA):
  - 26% of survivors reported 4 or more male perpetrators
  - No survivor reported receiving justice intervention
  - Women reported feeling sad (55%), moving slowly/less productive (48%), shame (47%), embarrassment (38%), shock (39%) and creating a reason for why the violence happened (34%). Two survivors reported suicidal thoughts
  - Physical symptoms included: stomach pain (56%), back pain (55%), headaches (53%), vaginal discharge (41%), pain on urination (34%)



# Foundation RamaLevina: Community Health Education



# Foundation RamaLevina and Village Solidarity Group: Rebuilding agriculture in the community





AFEDEC – Maria Gorette Ntabugi – Coordinator,  
Nurse and Advocate – 15 years of providing care  
to survivors of GBV in North Kivu province



# Economic Security

- ▶ Animal Husbandry –the breeding of animals helps by:
  - Providing household income
    - Pays for food for family and animals
    - Pays for school fees
    - Provides manure for crops
  - Woman are productive part of the family and community
    - Increases her status and reduces stigma of rape
  - Gives women/men a start to getting their life back – raise their family and control their future
  - Normal, productive life reduces the impact of trauma



# Economic Security: Pigs for Peace ([www.glrbtnp.org](http://www.glrbtnp.org))

- ▶ Partnership with PAIDEK started Dec. 2008
- ▶ Pigs for Peace Village-led association developed with investment by members
- ▶ Woman/family given pig by association
- ▶ Woman/family gives back 2 piglets when her pig gives birth, piglets given to other women/family in same village



# Pigs for Peace ([www.glrbtp.org](http://www.glrbtp.org)): Village-Led Association in Ciriri, South Kivu



# Economic Security

## Pigs for Peace Evaluation, July–August 2010

- N=100 members with average household size of 10 (SD=4.65)
- Source of household income: 31.3% agriculture, 26.3% small business (selling fish, charcoal, beans), 30.3% day labor (carrying products to market)
- Possibility of getting \$10 credit
  - 3.1% No problem to get credit
  - 34.7% Possible but with difficulty
  - 23.5% Possible but with lot of difficulty
  - 38.8% Impossible



# Economic Security

- 40% of participants interviewed have had their pig deliver at least once, having on average 6 piglets
- The majority have sold at least one of the piglets (average \$30), and used funds for household needs:
  - 19% Food
  - 14% School fees
  - 5% Medication, 4% Purchase more pigs, 3% Clothing
  - 17% Other (pay credit, get son out of jail)





# Pigs for Peace ([www.glrbtnp.org](http://www.glrbtnp.org))

- ▶ \$14,000 has provided pigs to 210 families in 11 rural villages and Bukavu/Goma in Eastern DRC
- ▶ 700 families are on our waiting list for a pig
- ▶ “I will care for this pig like my child, as it is my future”



# Funding

- US State Department, Secretary's Office of Global Women's Issues
  - \$99,000 awarded to Foundation RamaLevina and PAIDEK – integration of health care, reintegration and economic security (October 1, 2010–December 1, 2011)
- Pigs for Peace: Individual contributions –approximately 130 individuals contribute on average \$93 with largest donation \$1000. Total \$14,000
- Participatory Action Research:
  - Johns Hopkins University School of Nursing (Research discretionary account and Dean support \$25,000)
  - NIH/NIMHD funded five year study (\$1.25 million) – Microfinance Intervention to Improve Health of Survivors of Sexual Violence in DRC. Hopkins subcontract to PAIDEK.

# Pigs for Everyone!

