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 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
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.
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 Gorettte 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.glrbtp.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): 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)
$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!