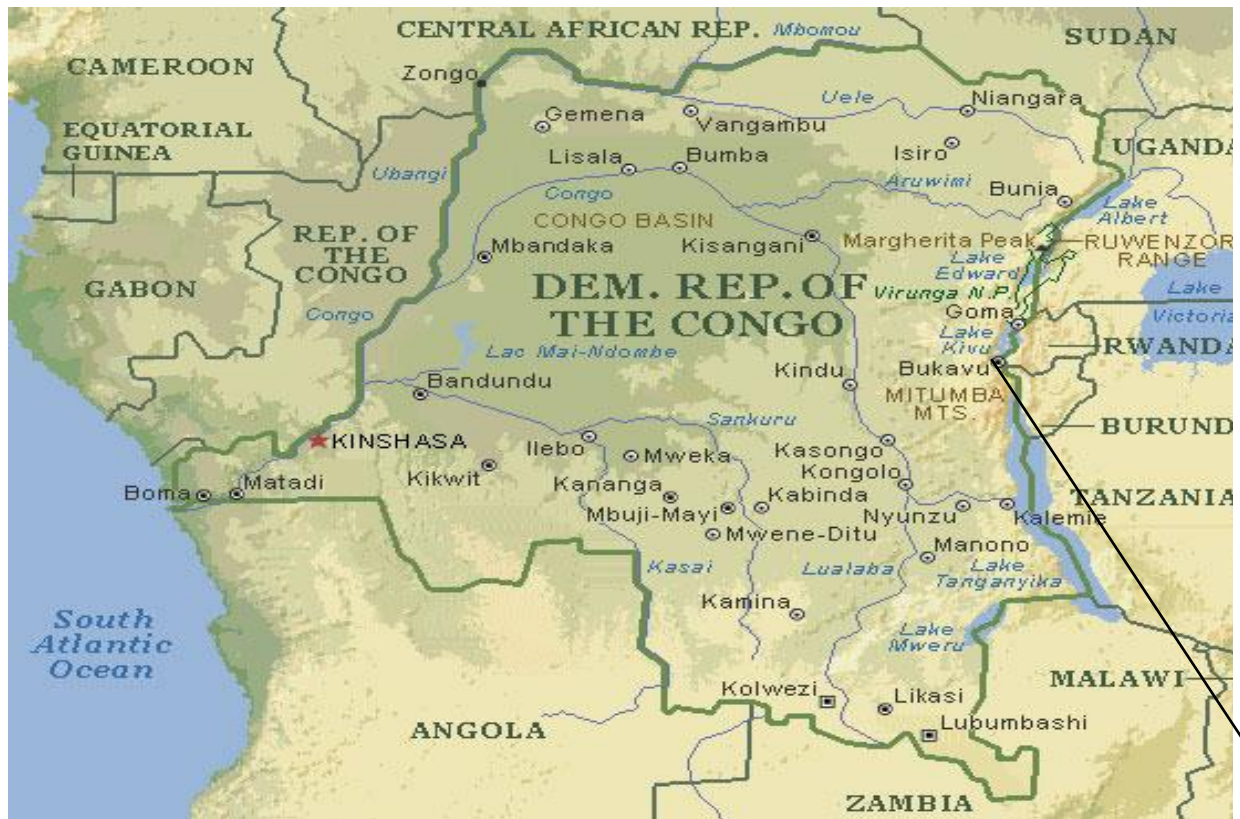




BUKAVU ASSESMENT

[The use of sexual violence in DRC haunts not only the survivors but family members and the community at large. The demand for the end to sexual violence in the DRC needs to be louder. Healing and restoration of the community will require that beyond the physical healing, spiritual and psychological efforts are involved....**women will be healed but in 10 years time all these women will have significant problems, psychological problems. We need to have a system that cares for these women; the church is well placed to do this. The question is how do we get the pastors to that level?**"-Dr.Mukwege]

[May 2009]



The Democratic Republic of Congo, a country the size of Eastern Europe has witnessed armed conflict for a period of over a decade and half.

The conflict has taken in the regional dynamics influenced by neighboring states Rwanda, Burundi the instability of these countries has continued to facilitate the presence of arms and movement of rebel groups across the countries.

The protracted conflict has witnessed the use of sexual violence of an extreme and cruel nature. In Eastern DRC, it is estimated that three out of four women have been raped during the fourteen years of bitter conflict. In the Region that covers the Great Lakes each armed group has developed their own gruesome hallmarks of sexual violation. For example, Burundian armed groups' rape men as well as women. The Mai Mai — local defence forces in Rwanda, and also in the DRC — rape with branches or bayonets, and mutilate their victim's sexual organs.

BUKAVU

Evidence suggests that Congo is part of a larger trend: the past two decades have seen a marked rise in sexual violence as a military strategy. It also appears that the violence is becoming increasingly brutal. As the spaces that once distinguished combat from civilian life is diminished, the nature of combat has become characterised by violence employed to intimidate, terrorise and humiliate civilians, most commonly taking the form of sexual violence.

This horrendous sexual violence creates an obvious conduit for the transmission of HIV and AIDS. According to UNAIDS statistics in 2005 it was estimated that as many as 1million people were living with HIV and AIDS in the DRC. The estimated national HIV prevalence was 3.2 % in the same year. Armed conflict and poor transport infrastructure mean that parts of this large country have remained relatively isolated; there is therefore variation in the trends in HIV between different places. Additionally estimates state that 60 percent of the combatants involved in the war in DRC are HIV-positive, the infection rates to date in the DRC are not clear but common knowledge of the virus should result in an urgency to end the conflict. Beyond HIV infections and pregnancy the humiliation and calculated devastation of these sexual assaults on family members is chilling.

As recent as February 2009 a church service was raided and the pastor's wife raped before the congregation, on the night of 30th April 2009, a man was tied to a chair and watched as five armed men repeatedly rape his wife and latter on abduct his two daughters.

These attacks aimed at horrifying and traumatizing communities have been reported with increasing frequency at the Panzi Hospital in Bukavu. Dr.Mukwege; the gynecological surgeon at the Hospital, own analysis of this cruelty; is the determination of these rebel groups to ensure that communities are devastated and incapable of returning to any form of normalcy.

He has provided surgical reconstruction to over 500,000 women who have managed to get to Panzi hospital in the past ten years and continues to be shocked every day by the brutality of the sexual violence. He lives daily with the

question of what the future will look like for the communities that have survived this war.

"We can treat all the women now, but in 10 years time all these women will have significant problems, psychological problems. We need to have a system that cares for these women; the church is well placed to do this. The question is how do we get the pastors to that level?"-Dr.Mukwege

FECCLAHA's Focus on Eastern DRC through Tamar Campaign

Accounts of the survivors of the sexual violence report unusual use of cruelty, beyond gang rapes, women are shot in the vagina, and objects are forced into their bodies and all this with limited or no access to medical assistance. Many times these atrocities are committed before family members causing untold humiliation and irreversible damage.

"They rape a woman, five or six of them at a time — but that is not enough. Then they shoot a gun into her vagina," says Dr. Mukwege of Panzi Hospital in Bukavu. "In all my years here, I never saw anything like it. ... [T]o see so many raped, that shocks me, but what shocks me more is the way they are raped."

The UN action against sexual violence in conflict, made a strong statement during the 16 days of activism against violence against women in 2008 demanding that inaction in the DRC is not an option.¹ In the Eastern DRC rape and other forms of sexual violence is deeply rooted in a historical absence of accountability year after year, killers and rapists escape punishment....feeding a cycle of lawlessness.

Providing medical assistance to survivors in such an environment let alone with limited resources and in a prolong conflict situation as is the case in DRC takes

¹ <http://www.stoprapenow.org/16days.html>

emotional toil on the medical staff and social workers, they have to face these daily realities while they are not certain of their own safety or that of their loved ones.

The Tamar Campaign therefore seeks to facilitate an engagement between the personnel of Panzi Hospital in Bukavu and Nairobi Women's hospital Gender Violence recovery wing.

The objective of this being to develop a program between the two institutions that allows Panzi Hospital staff to receive support that will ensure that they are able to continue to work in this dreadful context. Additionally the Tamar campaign will continue to engage with its niche; equipping church leaders in Bukavu to speak out against these atrocities and develop programs that facilitate space for spiritual support and healing to the survivors and family members who are equally affected.

Panzi Hospital

The General Referral Hospital (GRHP) in Panzi was established in 1999 in response to the atrocities being committed on the population of Bukavu during the "war of liberation" of 1996. As a result of the war many people were internally displaced and a significant number fled across the border. Access to medical care was severely compromised and the death rate among the population, specifically the maternal death rate rose sharply. Pregnant women had the choice of either walking 8km north to the nearest medical center or laboring and delivering at home. In addition transport was highly unsafe in this area and women or their infants requiring urgent care could not reach the medical center in time.²

The mission of the General Referral Hospital of Panzi as a not-for-profit institution is:

² www.panzihospitalbukavu.org

- Improve the quality of medical care for the population
- Reduce the maternal and infant death rate
- Provide treatment of the survivor of sexual violence and surgical repair for women suffering from fistulas of the urogenital tract
- Serve as a referral center for other health centers
- Preach the gospel to the population receiving services at the center

Nairobi Women's Hospital-Gender Violence Recovery Centre³

Prior to the 2007 General Elections, Kenya has prided itself as a peaceful country surrounded by nations in turmoil, however even with the heritage of peace the country has a large number of women who have survived personal horrors of rape and sexual violence. In response to this silenced violation The Gender Violence Recovery Centre (GVRC), was launched in March 2001 and registered as a non-profit making, non-partisan, charitable trust of the Nairobi Women's Hospital, GVRC has been in operation almost seven years. The centers' main purpose is to mobilize resources to provide free medical treatment and psychosocial support to survivors of gender based violence. The treatment includes Post Exposure Prophylaxes (PEP) given within 72 hours of assault to help prevent infection of HIV. Other treatments include prevention of pregnancy, STI and hepatitis B vaccine. The centre serves women, men and children survivors of gender based violence. Since inception and up to September 2008, GVRC has treated over 11,598 survivors of Rape and Domestic violence. The centre receives an average of 230 survivors per month, with approximately 45% being children, 49% women and 6% men. Youngest survivor of sexual violence was a month old baby girl and oldest a 105 years old woman.

³ www.gvrc.or.ke

Assessment Findings

This assessment was carried out from the 28th April, 2009 to 1st May, 2009 in Bukavu East-Congo by GVRC Deputy Program's manager-Alberta Wambua, GVRC Counselor-Ruth Kimaathi and representatives from FECCLAHA; Rev.Shelvis Smith Mather and Judy Waruhiu the Human Security Program coordinator.

Various organizations were visited, church leaders and survivors of sexual violence interviewed. These organizations are affiliated with Eglise du Christ au Congo (ECC) FECCLAHA's member in the DRC;

- CAMPS (Centre D'Assistance Medico Psycho-Social)
- Panzi Hospital
- Eglise du Christ au Congo
- Search for Common Ground.

ACTIVITIES CARRIED OUT BY THE ORGANISATIONS INTERVIEWED

Legal accompanying aspects

The impunity associated with sexual atrocities is an indication of the vast disregard for Human rights in DRC. CAMPS, Search for Common Ground and EEC have hired lawyers who assist survivors of violence access justice in cases where the perpetrator(s) are known. Maurice Bahati Nwamwira the coordinator search for hire ground takes on legal cases for survivors who would like to take the perpetrators to court. The process is extremely long and the number of guilty verdicts are also very low, this frustrations in the system results in numerous women opting not to go to court eg. 33 out of 176 cases taken to court have been concluded.

In 2006, CAMPS hired a lawyer to accompany the survivors of rape in court. The lawyer has been sensitized on causes and effects and complications of trauma to enable her give appropriate support to the survivors during trail of known perpetrators. The need to have legal accompaniment in court was realized following re-traumatization the survivors of rape were going through, after re-

telling their encounters during court proceedings many times to an audience that is ignorant to the devastating nature of the crime. This gives the survivors psychological security to enable them carry on with the court proceeding without causing further psychological damage.

CAMPS has also trained facilitators in place to prepare court procedures to survivors of violence in order to allay their anxieties when called to witness in court. In addition, these facilitators are involved in documenting cases with all the identification required for prosecution.

Gynecological surgery

Panzi Hospital treats survivors of violence the hospital receive significant support from various organizations to be able to provide this medical assistance. Due to the increased number of survivors and the cruel nature of the sexual violence the staff at the hospital is visibly overwhelmed. Discussions with Dr. Mukwege who leads the team indicate that no deliberate efforts have been made to avail psychosocial support to the hospital staff "there is no time and expertise we just manage" is his response. The nature of the surgery vary from fistula repair to reconstruction of the vaginal and reproductive system following horrendous violation from bullets fired in the women, objects like branches stuffed in the women, melted plastic in the vagina of a 16 year old girl was one of the most recent surgeries at the time of this assessment that Dr. Mukwege dealt with.

Psychological support

Centre D'Assistance Medico Psycho-social (CAMPS); the main focus of the Gender Violence Recovery Centre's team since it's the organization working in partnership with Panzi hospital to offers medical and psychosocial support to survivors of violence. Professor Kabanga a trained psychologist and lecturer in the same field reiterated the need to establish comprehensive psychosocial support mechanisms for survivors of sexual violence, their family members, care givers and the community at large.

The psychosocial support aims at the re-establishment of emotional, equilibrium in order to deal with negative emotions and to move on with life. However, the centre lacks trained personnel and other resources such as appropriate counseling rooms and furniture to handle psychological issues and therefore counseling activity is not being executed effectively. Generally, the counseling profession is not developed and therefore no relevant structures are in place to deal with ethical requirements of the profession such as counselor's supervision and personal therapy sessions.

The beneficiaries of the project are persons traumatized in Bukavu. Among these persons are orphans, widows of the war, raped women, amputated persons, children and traumatized women in need of medical, psychological and social assistance. They have a special focus for female survivor's sexual violence.

CAMPS has a network of antennas in the rural area where initial care and support is availed to sexual violence survivors more often than not the survivor has to make the long journey to Panzi hospital to receive reconstruction surgery. CAMPS then deals with the survivor after the physical healing has been administered and begins a series of counseling sessions. It's a difficult process to measure the success rate however a well documented system is in place to keep track of numbers and progress. The nature of the conflict in Eastern-DRC results in survivors making return visits to Panzi Hospital and CAMPS. Once they have been discharged and return home, too many women get violated again and again. Professor Kabanga, at the time of this assessment had a client who had returned to Panzi for the fourth time.

CAMPS have been involved in training officers to offer psychosocial components since 2004. More than 30 seminars and trainings have been held in partnership with UNIFEM, UNICEF, UNFPA, and ICRAF among others. In these trainings the officers are given information on causes of trauma, effects of trauma and the consequences of trauma.

Psychosocial care moves beyond the treatment but includes economical empowerment by giving basic skills for survivors' economic assistance eg.

tailoring, detergent making, maize mill running, farming skills and basket weaving, with support from a number of organizations.

VOCATIONAL SKILLS TRAINING

ICCO is an organization that funds wholistic approach to survivors of violence. It is based in South Kivu and works in partnership with the CAMPS, Panzi hospital and Eglise du Christ au Congo.

They refer survivors to CAMPS for psychological interventions. They organize vocational skills trainings to survivors of violence and also give funds for to start small economic projects to help empower the survivors economically. Those that require medical treatment are referred to Panzi hospital. They also offer free legal assistance to the survivors and at the same time lobby for legal policy changes. They have conducted sensitizing programs through which they educate the community on basic human rights.

REINTEGRATION OF SEXUAL SURIVIVORS

Eglise du Christ ua Congo (ECC) is involved in the reintegration of women back into their communities. This initiative was initiated after numerous rape survivors were continually facing rejection from family members. The family members view them as adulterers and children born out of rape are considered as a bad omen. The husbands are unwilling to raise children of their enemies; women are sometimes forced to kill or abandon the children in order to be accepted back in the community.

ECC offers temporally accommodation to the women survivors and their children, psychological interventions through counseling, referrals for other services not offered by the organization such as medical treatment and legal interventions. Family counseling sessions to the family members of the survivors is emphasized to enable family reunion, addressing the stigma associated with survivors of rape

in the community, create awareness in churches and community at large on the importance of family reintegration, empower the community members to embrace the survivors of rape, create awareness on HIV and AIDS. ECC also works with children conceived as a result of rape to face the challenge of rejection and make the most of their lives, they emphasize to the children that they have a greater purpose than the manner in which they were conceived and cannot take responsibility for the cruelty that is associated with their birth.

ECC is FECCLAHA's partner in DRC and is involved in implementing the Tamar Campaign, the launch of the Campaign has been carried out and discussions have been held with Religious leaders across Bukavu on the campaign and the wide spread sexual violence, the repercussions on the women and the families placing judgment on the guilty party in the crime and not the survivor, the need to have the church involved in ending the use of sexual violence in DRC, messages from the pulpit on the issue etc

Challenges

Insufficient funds to run the activities effectively

The area to be served is extensive with poor roads and the project requires personnel to make short and long distance travel. This involves transport costs and accommodation and meals for the care givers. The accommodated survivors also require food, clothes, medical expenses, and transport back to their families.

Lack of skilled personnel

Counseling in Bukavu is recognized as significant to aid in the full recovery of sexual violence survivors and close relatives who have equally been traumatized; it is a relatively new profession with very few trained people. To deal with the overwhelming need for psychological interventions, unskilled volunteers are called upon to offer psychological first aid and largely comprise of church leaders, pastors and other religious people.

Due to lack of skills and also the overwhelming issues presented in counseling, the care givers experience burn out and also display signs of trauma. Supervision and personal therapy is inadequate due to limited competent professional and also ignorance of the ethics of the profession.

Religious biases

There are deep religious biases against women. This has greatly influenced the community attitude towards women. The representation of women in church leadership is minimal. This drowns out the voice of Eglise du Christ au Congo (ECC) even as they struggle to influence the change of negative attitude towards women. For example the campaign for condom use for discordant couples is faced with cultural interpretations of scripture eg believes that God does not advocate for use of condom.

Inadequate Support for people living with HIV

The widespread rape cases, facilitates the spread of HIV and AIDS like a bush fire. The organizations interviewed have limited resources to offer HIV and AIDS support. As a result the people living with HIV are referred to the main hospital and the few centers that offer HIV and AIDS testing and medication access to the hospital is limited by infrastructure and insecurity, populations therefore continue to manage without ARVs and large numbers succumb to the HIV and AIDS related illnesses. Additionally the paralyzing nature of the sexual violence atrocities has many people living in zombie like state and prefer not to know there HIV status, Bukavu also has limited VCT centers and the stigma associated with infected persons is overwhelming.

Transportation of survivors

Survivors of rape are spread through out the province. It is difficult to get them to hospital or centers where care is given, even when survivors do get to medical assistance it takes up to 3 days or more to travel the distance. The delays

complicate the administration of PEP to the survivors. It could also lead to deaths that could have been avoided if the survivor got care on time.

Cases take long in legal civil courts.

The delays are discouraging to the survivors of rape and to those offering legal representation thus leading to some abandoning the court proceedings. This makes it difficult to stop the culture of impunity in the area.

Type of perpetrators

Since most of the perpetrators are rebels, it becomes difficult to have them arrested and the legal channels followed. The high level of impunity has also resulted in numerous survivors refusing to step forward even when the perpetrators are well known.

Inadequate data collection dissemination and analysis structures

Deliberate efforts have been made to collect data, detailed information is available across the various organizations we interviewed and visited however translating this data into advocacy material, accessing policy makers is beyond the reach of the institutions a concerted effort to utilize this data needs to be developed.

Recommendations

There is a dire need for trained counselors to offer psychological interventions not only to the survivors of rape but also to their family members. The already existing psychosocial officers in local NGOs can be trained. The training programs similar to the one used in middle level training institutions in Kenya would be easily replicated, the emphasis is on counseling skills and ethical issues. Trained counselors will help in re-unification of spouses numerous women are abandoned by their husbands after returning from Panzi they are considered adulterous following the sexual violence attacks, facilitate the family members to embrace

the survivors and the children born out of rape, empower the children born out of rape to live positively in the community, sensitize the community on gender based violence issues, create awareness on HIV and facilitate support groups for survivors of rape. CHAMPS antennas in the interior of Bukavu are well placed to provide PEPs and ARVs there is also a need to explore the access to emergency contraception. Sexual violence survivors in the Eastern-DRC do not have the luxury of testing before administering the Post Exposure Prophylaxes (PEPs) many women make it to Panzi hospital days after the sexual assaults and any chance of avoiding HIV infection is lost. In cases of abduction, PEP interventions may not work thus leaving not only the survivor but also their spouses at risk of infection.

There is need to create a well established networking system to avoid duplication of services. A forum that brings together the various actors responding to sexual violence in Bukavu is paramount, to establish strengthens and areas of competence of each organization. The organizations visited are keen to ensure that data is collected; sharing this information and working towards the development of a joint advocacy strategy will ensure that the call to end the rape in Congo is louder and well articulated.

Trained supervisors need to be identified and allocated to various centers that offer counseling and care to survivors of violence.

The nature and effects of sexual violence and HIV awareness needs to be intensified for the Religious leaders. The church is the one institution well established and widely accepted in Bukavu that can be used to reach out to a wide spectrum of the community. The religious leaders, the church is well placed to develop support for the survivors of sexual violence, the children conceived in these assaults, women who escape from abduction the community, men who do not know how to handle the inadequacy of watching their spouses and children being sexually assaulted. Religious leaders that gathered in Bujumbura, Burundi in November 2008 acknowledged this critical role and committed to upholding it.

"We, delegates representing the Churches and Councils of Churches from Burundi, Democratic Republic of Congo, Norway and Rwanda, gathered in the Great Lakes Pastoral Conference of Bujumbura from 1st to 6th November, 2008, with the theme: '*The Responsibility to Protect*' is Equally Valid for Churches and Communities'

Having reflected and meditated on the theme of the 2008 Pastoral Conference of Churches from the Great Lakes Region and Norway which calls Churches to protect vulnerable people, and having prayed; Acknowledging the role and duty of churches in implementing Resolution 1674 of the UN Security Council aka "The Responsibility to Protect";

Having analysed various ways through which churches can contribute to the prevention of violence and protection of victims and vulnerable people;

Acknowledging that justice needs to be accompanied of mechanisms of rehabilitation and reintegration of authors of crimes of violence;

Resolve to commit ourselves and the Churches we represent on the following actions:

- to conduct and participate in a theological reflection with other ecumenical partners on the responsibility of the church to protect women and children against domestic- and other forms of violence and sexual abuse. The theological instruments developed will have implications for the teaching and diaconal practice of our churches.**
- to identify instruments for, and engage in, joint advocacy activities related to the responsibility of the church to protect women and children against domestic- and other forms of violence and sexual abuse.**
- to enhance communication and mutual encouragement between our National Councils regarding our activities aimed at protecting women**

and children against domestic- and other forms of violence and sexual abuse

Signed in Bujumbura on Thursday 6th November, 2008;”ⁱ

Among the institution visited only CAMPS have an Ambulance to help in transporting emergencies cases to the hospital or for safety. More ambulances will help in saving lives.

Medical and counseling interventions are necessary not only for survivors of rape but sexually violence at large. Men and boys go through the same ordeal but very few are willing to come out and receive care.

There is only one psychiatric clinic in Bukavu with overwhelming number of clients. More resources in terms of personnel, medicine and other social amenities are needed.

WAY FORWARD:

Although a number of officers offer psychological interventions, there are very few trained counselors. Most of the program officers taking up the role of counselor have information on trauma but lacks the skills to take a client through trauma counseling session. Just like in the medical profession, inadequately trained counselors may cause more psychological damage to the survivors. According to the American Psychological Association (APA) code of ethics, a person offering psychological interventions need to be adequately trained. It is a professional requirement for practicing counselors to have regular personal therapy and supervision sessions from a trained and accredited supervisor.

The glaring need to have Post Exposure Prophylaxes (PEP) and Anti-Retroviral Treatment (ART) readily and consistently available cannot be over-emphasized,

to ensure that HIV and AIDS infections are minimized and treatment and management is optimized in the case of infections. A lot of discussions also rotated around the administration of emergency contraception, like PEP 72 hours after the sexual assault.

Churches and other places of worship still remain places of hope and comfort for many in the DRC. Religious leaders in Bukavu have a significant role to play in adding the voice of the church in shunning the atrocities associated with the conflict, in appealing to those of the Christian faith to embrace and help in the healing process for the survivors of sexual violence, children conceived and born from these atrocities will only find refuge within the confines of the churches. It is important to build on the efforts of EEC in working with the Tamar Campaign and expand beyond the centre into the rural areas where the atrocities are rampant. The development of redemptive masculinity material will provide much needed space for men to dialogue around the effects of the sexual violence in their lives as husbands watching their wives and daughters being violated, boys witnessing these atrocities committed on their mothers and sisters as well as for many men who have experienced sexual violence and suffer alone in silence.

The partnership between Nairobi Women's Hospital Gender Violence Recovery Centre and Panzi and CAMPS will go a long way in this region. Mapping of Doctors with fistula surgery expertise will facilitate an exchange on that level as well as getting the psychosocial team at the GVRC involved in developing a comprehensive program in this region.

Enhancing the voice of the church in shunning the use of sexual violence, the use of the data collected has not been maximized. It is important that religious leaders together speak out loudly and consistently against the use of sexual violence in the DRC.

The next steps would be:

1. Developing a comprehensive relationship between NWH-GVRC and Panzi Hospital, detailing how the two institutions will provide support and share expertise.
2. Support the availability of PEPs and ARVs
3. Support EEC's efforts with Tamar Campaign.
4. Use data collected in sensitization efforts begin by reaching to religious leaders in Bukavu also bearing in mind that this is one area of DRC.

ⁱ Extracts from Statement made by Religious leaders of The Great Lakes Pastoral Conference held in Bujumbura November 2008.