Indigenous Women for Health and Equality "IWHE-ASBL

République Démocratique du Congo
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REPORT OF THE ACTIVITIES OF INDIGENOUS WOMEN FOR HEALTH AND EQUALITY-IWHE ASBL.

Project Title _	**MOBILE CLINIC PROJECT FOR PREVENTION, PYSCHOSOCIAL AND MEDICAL SUPPORT FOR VICTIMS OF RAPE AND SEXUAL VIOLENCE IN THE TERRITORIES OF UVIRA AND FIZI IN THE SOUTH-KIVU PROVINCE IN THE EASTERN DEMOCRATIC REPUBLIC OF CONGO**
Justification	For more than a decade, the province of South Kivu located in the east of the Democratic Republic of Congo (DRC) has been experiencing recurrent crisis situations, maintained mainly by armed conflicts as well as the activism of both national and foreign. In this context of instability, populations, particularly women and girls, are often victims of several human rights violations, including sexual violence, forced displacement, kidnapping, hostage-taking, massacres, looting, etc.
Aim :	The aim of the project was to contribute to the prevention and reduction of sexual violence in the two territories (Uvira and Fizi) as well as to the family and community reintegration of 1,179 victims of sexual violence.
Expected outputs of the Project:	The aim of the project was to contribute to the prevention and reduction of sexual violence in the two territories (Uvira and Fizi) as well as to the family and community reintegration of 1,179 victims of sexual violence. Expected outputs of the Project: Output 1: 2020 to 2021, at least 1,179 cases of sexual violence benefit from medical and health care, including at least 3% of fistula cases repaired. Output 2: From 2020 to 2021, 1,179 victims receive a quality psychosocial response, adapted to their situation and age, with a view to their family and community reintegration and 10 community networks strengthened. Output 3: From 2020 to 2021, at least 90% of victims of sexual violence benefit from socio-economic support for their reintegration/reintegration
Methods of execution and context of implementation of the project	Implemented by Indigenous Women for Health and Equality (IWHE), this project was funded by Cameras Without Borders , Réseau SOS Femmes en Détresse and the local Contribution of Members and the organization's own funds through income-generating activities. up to $45,000 USD for a period of two years covering the period from April to March 2020 to December 2022.

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	For a good management of the project and under the coordination of the Indigenous Women for Health and Equity " IWHE "; the "results-based management" approach guided all the steps related to the execution of the project. From inception (project analysis, planning, design, implementation, monitoring, modification and reporting) to completion (final evaluations and reports and integration of lessons learned from future project experience). Indeed, the chain of results developed makes a representation of the cause-and-effect relationships between the activities, the outputs and the results of the project. In other words, it describes how the project should be carried out and how the results or the real changes produced should be represented. Thus, the project had planned to articulate its intervention around the main components, as an entry point for the development of the response and the prevention of sexual violence, namely: (i) the medical and health section, (ii) the psychosocial component, (iii) family, social and community reintegration.
(i). MEDICO-HEALTH SECTION	
1. Output 1: 2020 to 2021, at least 1,179 cases of sexual violence benefit from medical and health care, including at least 15% of fistula cases repaired.	
	With regard to the fourth output relating to health care and the repair of fistulas, raising awareness and sharing information on available services as well as strengthening the technical and institutional capacities of medical structures have enabled several survivor to access medical care. A varied range of services, depending on the case, was provided: prevention of infection with STIs including HIV, treatment of STIs , prevention of unwanted pregnancies, repair of vesicovaginal fistulas. Compared to the provisional target which was 1179 with 15% of cases of fistulas to be repaired, 1276 survivors were taken care of, i.e. 107.7% and 295 cases of repaired fistulas, i.e. 25%. To better understand the results obtained, it should be noted that: Qualitatively, from the testimonies collected at the end of the project, it goes without saying that the treatment administered to the survivors was effective. Indeed, with the exception of a few cases of fistula repair failure, all the survivors treated and the service providers interviewed affirmed that no cases of the development of disease or pregnancy after taking the preventive medications and no treatment has been experienced. In view of the significant support provided by the project both for the victims and for the rest of the population, declarations of satisfaction made by the beneficiaries, service

	providers, public authorities and partners have been regularly recorded. On this subject, the following point relating to the accounts of the survivors provides further information. In this regard, the following point relating to the accounts of survivors provides further information: • To prevent re-infection, the majority of survivors treated for STIs were treated with their partners; • In addition to the health care administered, concurrent pathologies linked directly or indirectly to the rapes were treated thanks to the complement of the range of products provided by the implementing agencies; • The sensitization carried out in the community by "vigilant" women and men and community-based organizations enabled easy referral of survivors to care structures;
(ii). PHYSOCIAL COMPONENT .	
2. Output 2: From 2020 to 2021, 1,179 victims receive a quality psychosocial response, adapted to their situation and age, with a view to their family and community reintegration and 10 community networks strengthened.	
	The setting up of the assistance system consisted in building the capacities of service providers where they could be had (community relays, psychosocial agents, psychologists, psychiatrists, psychiatric nurses), the installation and gradual strengthening of listening houses and a mobile psychosocial clinic for the reception, orientation of victims and their psychosocial support. Spaces for recreation, de-traumatization , information and training called Youth Friendly Spaces have also been set up within or near the counseling centres. For the proper functioning of these structures, the necessary equipment and supplies have been regularly provided. All in all, the activities carried out focused on: 1. The installation and gradual strengthening of 6 counseling centers and a psychosocial clinic (Uvira , Kiliba and Sange in the territory of Uvira , in Mboko , Baraka and Fizi center in the Territory of Fizi); 2. The creation of community relays and the training of 90 service providers (community relays, psychosocial agents, psychologists, psychiatrists, psychiatric nurses). Over the years, the training provided consisted in strengthening the framework of the supervision missions of the counseling centers with a view to improving the performance of the agents. Subsequently, and to obtain the involvement of the community in initiatives to prevent sexual violence, we set up committees called Nehemiah (inspiration from the Bible) which are groups of local leaders working for the self -development of their communities. respective. These Committees, made up of volunteer activists and cured survivors, raised awareness, identified and directed new victims to care structures. At the end of the project,

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	nine Nehemiah committees were operational throughout the territory of Fizi and Uvira . It should be said that this good practice lays a good foundation for national ownership and sustainability of project interventions; 3. Support for family mediation activities carried out by psychosocial agents; 4. The offer of psychosocial services in favor of 1179 victims in order to help them regain the psychic strength to survive, rebuild and therefore protect themselves. The main results of this product are: 6 listening centers set up and operational; (ii) 12 advisers/providers trained and/or retrained; 1179 survivors of sexual violence supported with satisfaction of almost all of the beneficiaries.
Good Practices:	• Bringing counseling centers closer to medical and health care structures. Listening houses were sometimes directly integrated into health centers or hospitals or even established nearby. A social worker or a psychosocial agent is integrated into the mobile clinic team. By doing this, the actors of the project paid particular attention to the mental health dimension in the practice of current medical and health care; • The integration of victims into networks and community relays. The fact that victims become counselors or Women of Vigilance reinforces their own process of rehabilitation and offers them the opportunity for a new start in their lives. Moreover, survivors have key elements and knowledge drawn from their personal experience, which can be used favorably to influence the process of rehabilitation of other victims; • The integration of mothers in the support process in the event of child rape. When a girl is raped, some psychosocial support structures develop support strategies in which the mother is also integrated. In many cases, when a girl has been raped, the father places the responsibility for the rape on the mother, considering that the latter has brought up her daughter badly. In a way, the mother also finds herself a victim of psychological violence. By integrating the mother into the accompaniment process, not only do we give her keys to work on the traumas of the girl victim of rape, but we also allow the mother to enter into a process of her own rehabilitation in the face of reproaches. and therefore to the psychological violence exerted on her by the husband.

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(iii). ASPECT OF FAMILY, SOCIAL AND COMMUNITY REIN TEGRATION.	
Output 3: From 2020 to 2021, at least 75% (885) of victims of sexual violence benefit from socio-economic support for their reintegration/reintegration.	
	In addition to the implementation of the device consisting in particular in the definition of the selection criteria related to the status and the state of the victims (widow, minority of age, very advanced age, looting of property, HIV-positive, mother or pregnant following the rape , rejected, etc.), the training of supervisors and beneficiaries, the definition of the reintegration package according to the choices of beneficiaries, the implementation structures supported the beneficiaries in the development of income-generating activities (IGA) as well as in formal and informal education. As a reminder, the training of beneficiaries and supervisors focused on the management of activities and profitability in order to hope for a positive and rapid change in the standard of living. The main results of this product are: • 700 survivors supported for the development of income-generating activities (IGA); • 185 children benefited from support for their reintegration into school and many obtained primary or secondary school diplomas.
Good practices :	• The priority given to Income Generating Activities (IGA) exercised collectively and support for group exercise of IGAs, in the form of a cooperative managed by the victims themselves. In addition to their economic impact for families, IGAs carried out collectively offer victims an opportunity to share their own experiences in a group dynamic. They thus participate in the process of recovering self-esteem for the beneficiaries; • The search for the non-singularization of the victims and the integration of other vulnerable or disadvantaged people in the mechanisms of assistance to the victims of sexual violence. This research aimed to avoid systematically treating victims as a separate category of people. This practice has made it possible to reconnect or strengthen ties within the community and to avoid exposing the victims to stigmatization. In many cases, for example, disadvantaged or vulnerable people (internally displaced persons, former child soldiers, etc.) who are not victims of sexual violence have been included among the victims, primary beneficiaries of IGAs; • The design of reintegration/reintegration activities as a means of tending

	towards social advancement and the integral development of the individual. Many reintegration/reintegration activities have been chosen and designed in such a way as to always bring the victim a little something extra that upsets the constraints inherent in the bureaucratic straitjacket or the temporality of the project, or that repels certain heavinesses of the social body. One thinks, for example, of the inclusion of awareness-raising literacy as a stage or component of integration through the implementation of IGAs. We are also thinking of the offer of a Minimum Training Package, allowing a victim to benefit from several training courses; which makes it possible to detect unsuspected aptitudes in her and to be oriented towards the path that best corresponds to her abilities.
Lessons learned	The lessons learned listed below are conclusive considerations regarding events or issues that positively or negatively influenced the project. In short, it is lessons learned from an observation of what happened or did not happen during the project and which can serve as a basis for future interventions in the fight against sexual violence. **In relation to the project implementation context:** As long as there remains a state of war, armed clashes, pockets of resistance where rebels or national or foreign troops impose their law, the risk of occurrence of sexual violence will remain high and its reduction will be difficult to envisage. Indeed, there is indisputably a causal link between war, armed conflict, insecurity and sexual violence. Ultimately, an end to war and stability are imperative if sexual violence is to be significantly reduced, in its most devastating form, and if such violence is to be prevented. The reduction and prevention of sexual violence necessarily involves structural measures leading to the stabilization of the political and security situation in the country and for which the authorities, Congolese society, but also the international community, all have their role to play. **In relation to the medical, health and psychosocial components:** As long as the advocacy for the integration of the PMA relating to the clinical management of cases of rape in the primary health care package does not succeed, the medical care of victims of sexual violence will not be generalized and sustained at the level of all competent health facilities. As long as the integration of physical and mental health care is not done, the sustainability of interventions in terms of psychosocial care

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	will be difficult to envisage. In fact, the lack of funding for non-state actors meant an automatic cessation of assistance.
Conclusion :	Faced with the alarming situation of sexual and gender-based violence in the province of South Kivu, a mobile prevention clinic project , psychosocial and medical support for victims of rape and sexual violence in the territories of Uvira and from fizi in the province of south kivu in the east of the republic democratique du congo and response to this phenomenon, the subject of this report, was developed and placed under the coordination of the Indigenous Women for Health and Equality . Indeed, this project was designed to increase victims' access to quality care (medico-sanitary, psychosocial, socio-economic and security) for women, men, young people and children who are victims of sexual violence. Thus, the project aimed to contribute to the prevention and reduction of sexual violence in the two Territories (Uvira and Fizi) as well as the family and community reintegration of 1179 victims of sexual violence. It emerges from the results obtained by product that significant progress has been observed in the fight despite the persistent challenges that exceed the project's intervention capacities (insecurity/precarious peace, fight against impunity and administration of justice, immensity province, dilapidated infrastructure and socio-economic fabric, etc.). We cannot end without pointing out that the project was innovative in several aspects of intervention. Unlike the health sector where a system and human resources existed and were strengthened by the project, the work done in the other components did not benefit from proven previous experience. The reinforcement and improvement of the quality of work have been done gradually. Despite this state of affairs, the direct and indirect positive effects are considerable. As mentioned above, the project has contributed to breaking the silence around sexual violence, to developing new tools, to consultation and reflection around the phenomenon. In terms of impact, the results are diverse: awareness at all levels, structures developed, involvement of the authorities, promotion of the issue of the status and autonomy of women, adoption by the United Nations Security Council several resolutions on the situation of sexual violence in the Democratic Republic of the Congo.

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