

Project number	14514041
Title	Medical and Psychosocial Assistance to Survivors of Sexual Violence and Women in Need of Specialized Gynecological Care

Country Democratic Republic of Congo (South Kivu)

Summary The Project "Medical and Psychosocial Assistance to Survivors of Sexual Violence and Women in Need of Specialized Gynecological Care in South Kivu in eastern Democratic Republic of Congo in South Kivu funded by DG ECHO and co-funded by PMU /Sweden through the hospital of Panzi since January 2004 expires on 31 March 2015.

This project is executed in south KIVU province in the Easterner of DRC throughout its 34 health zones, the neighboring provinces of North Kivu, North Katanga as well as the neighboring countries of the DRC (Rwanda, Burundi,).The Panzi General Hospital is the place where SSV project is implemented. It is located at Ibanda Health Zone hospitals in Bukavu city.

During 11 years, this project has been implemented for the survivors of sexual violence and women with gynecological problems requiring specialized care because of the vulnerability of this population abused. The lack of responsibility of the Congolese Government to fulfill the rights and justice for survivors of sexual violence.

This project was carried out in a context of acute crisis linked to localized armed conflicts in the eastern part of the DRC, wide spread insecurity; intensified fighting with commitments of the FARDC supported by MONUSCO and the Special Intervention Brigade and on the other hand, CNDP, M23, FDLR and various other local and foreign armed groups. This context has caused the repeated rape of women and young girls subjected to massive displacement associated with these various conflicts. This harmless category of the populations based to military or government forces or rebels from different armed groups.

The relevance of the project: The objectives of the project 'Medical and Psychosocial Assistance to Survivors of Sexual Violence and Women in Need of Specialized Gynecological Care in South Kivu in Eastern DRC are aligned with the DRC MGDs and especially to objective 3, 5 and 6 A, namely:

- By 2015, "to promote gender equality and the empowerment of women, promotion of gender equality and the elimination of gender disparities";
- By 2015, "to reduce by three quarters the maternal mortality ratio";
- By 2015, "to reverse the spread of HIV / AIDS and begun to reverse the current trend."

In addition, this project is part of the philosophy of the project sphere, the code of conduct or the International Movement of the Red Cross and Red Crossing and NGOs for rescue operations in case of disasters as they are intended to alleviate the suffering survivors of sexual violence and reduce the risk of epidemiological disasters to which those populations in easterner of DRC. Therefore, Panzi Hospital with its health holistic system contributes to improving the response against sexual violence, HIV and severe gynecological infections.

The effectiveness of the project: during 11 years, all activities contributed to the achievement of project objectives. From January 2004 to September 2014, **36,871 patients** have received support from the SSV project at Panzi Hospital including: 22,383 survivors of sexual violence is 60.71% and 14,488 women who need specialized gynecological care is 39.29%. For strengthening the capacity of the medical staff, clinical psychologist and social workers, enormous efforts have been made by the project to their capacity to adequately care for survivors of sexual violence and specialized gynecological care.

The impact of the project: Many of the survivors of sexual violence and women with specialized gynecological problems have been treated for the past ten years successfully at the Panzi hospital and its mobile clinic with the SSV project. This project is considered as the most important of the DRC maybe of the African Great Lakes for taking holistic care of survivors of sexual violence and specialized gynecological care. The quality of care given at Panzi hospital made the hospital reputation to the point that survivors of sexual violence and women with specialized gynecological problems flock from all (North Kivu, North Katanga) even from DRC neighboring countries (Rwanda, Burundi).

The sensibility conducted does not yet allow the community behavior change (political power and civilian population) in general and in particular the armed forces of the DRC, local and foreign armed groups in relation famous question of sexual violence. Note the weight of stigma, rejection, traditions and customs that continue to weigh on communities to the point that many of the cases of sexual violence are not reported. The settlement of some cases of sexual violence in the project sites continue to be done amicably between parties.

The project report shows that 2012 to 2014, only 14.98% of survivors of sexual violence arrive within 72 hours in the hospital; 4.88% arrive after 3 to 5 days and 6.3%, 6 days to 1 month; 10.39% of 2 to 3 months; 14.67% of 4 to 6 months and 31.93% to over 12 months. These percentages are dependent on the problems of geographical accessibility, economic and security in areas with high prevalence of sexual violence

Sustainability of the project: The viability of essential health services in the context of the East of the DRC is a major challenge. The SSV project enhanced the skills of medical, administrative, psychosocial and extra staff on a special way of management of SSV and women with specialized gynecological pathologies. The project has sufficiently equipped with the service to meet the expectations of SSV (pediatric consulting room, laboratory equipped for specialized examinations, a balanced diet, clean local hospital) Before the issue of sexual violence, the population is sufficiently aware by the various interventions in this project is the communication service and partner organizations.

Thousands of SSV women treated by the project have become useful to their communities following the activities generating incomes such as knitting, embroidery, ... The major challenge in terms of sustainability is the transition in a humanitarian effective holistic management of emergency context of survivors of sexual violence into a context of sustainable management from the perspective of a health service within the Panzi Hospital.

Coordination and consistency: As part of this project, collaboration contracts were signed between the Panzi Hospital and partner organizations (Panzi Foundation through the Dorcas house, the Legal Clinic) and local associations' that refer survivors of sexual violence. Partnership and management agreements remained as planned. Holding consultation meetings, planning and monitoring /evaluation and training for capacity buildings strengthened synergy and coordination of project activities.

The global analysis of the project at the end of this assessment information enquires enormous efforts have been made by PMU, the Panzi Hospital and its partners for holistic care for survivors of sexual violence and women with specialized gynecological problems. From January 2004 to September 2014, 36,871 patients have received support from the SSV project at Panzi Hospital including: 22,383 survivors of sexual violence is 60.71% and 14,488 women who need specialized gynecological care is 39.29% through medical care, psychosocial, legal and socio-economical.

Awareness conducted by the mobile clinic, the communication team, partner organizations through the media, churches, mass meetings, theaters, skits, signs and

posters have affected around 3,000 of the people per year. Several members of communities affected by the project activities came out of their ignorance and under-reporting. In the health areas affected by the project, referencing these partners are established to raise awareness and the reference of survivors of sexual violence. This allowed the survivors of violence to be supported and reintegrate communities of origin and thus mitigate the adverse effects of stigma; this was not the case before. As awareness has led to the change in behavior of the general community and in particular of certain military and other armed groups.

The SSV project trained medical staff of the project, the mobile clinic, partner organizations and providers of health facilities to work well in the hospital, clinic and PSCs. With psychological support and counseling clinical psychologist and social workers (cherished moms), many of the survivors of sexual violence summed hope to live and began the process of integration in their community of origin. Thanks to good cooperation with the medical services of the State (BCZ, DPS, and PNSMNRHP), support for the collection of data on project activities is provided.

Ultimately, we can say that in view of the results achieved, the project 'Medical and Psychosocial Assistance to Survivors of Sexual Violence and Women in Need of Specialized Gynecological Care in South Kivu in Eastern Democratic Republic of Congo contributed significantly, firstly to support holistically survivors of sexual violence and women with specialized gynecological problems and others involved in sensitizing communities on the need to fighting the sexual violence in all its forms.

However, several challenges do not stand in a relentless struggle against sexual violence in Panzi Hospital because of its prevalence in many communities in the east of the country mainly due the persistence of armed groups, low awareness in some areas and breathlessness do nor funds to finance this become chronic problems in the East of the DRC.

The integration of the SSV project to the Panzi hospital can be done to the extent that the major challenges below are solved by the Panzi Hospital.

These are :

- The ability of the hospital to absorb project human resources (medical and paramedical staff, psychologists and social workers, administrative staff and Extra);
- Ensure holistic care to SSV with the same efficiency (medical, psychological, legal and judicial, socio-economic, hygiene ,kit out, recreation, SSV transport, home monitoring, awareness;
- Solve the problematic of free holistic care for vulnerable people (SSV and other victims of disasters and war);
- The mobilization of funds in a structural dynamics.

The evaluating team recommends that PMU, the 8th CEPAC and the Panzi Hospital to enter a process of reflection/ Strategic Planning to facilitate the integration of the SSV project in the Panzi Hospital in the transition process logic of humanitarian support for survivors of sexual violence towards logic of sustainable management in the Panzi Hospital.

This is to analyze the current functioning of the hospital in the following aspects:

- Recruitment and Staff Management,
- Staff capacity building Policy ,
- Social Security System,
- Adequate care policy for the sick and vulnerable people,
- Investment Policy and the procurement system of essential drugs and other inputs

All these in adequate with the National Health Development Plan(PNDS), health system strengthening strategies (SSRS), part of MDG acceleration and the standards and guidelines of organization of a General Reference Hospital.

SSV PROJECT IN PANZI HOSPITAL

On a positive evolution of the political situation in the DRC; the signing of the Agreement for peace, security and cooperation in the Democratic Republic of Congo (DRC) and the region that was signed in Addis Ababa in February 2013. This agreement made the hopes of an end to the conflict in the DRC and for peace and development. In addition, the renewal of the UN mandate in accordance with solution 2098 shows a strong commitment by the international community. This resulted in defeat of there be is of M23 and opportunities as disarming other armed groups in Eastern DRC .So out of this cycle of chronic human assistance, DG ECHO asked PMU to look for other structural donors to support the care of survivors of sexual violence.

PMU, the Panzi Hospital and Panzi Foundation are committed to convert the SSV humanitarian project supported by DG ECHO, fully managed by the hospital service and more closely integrated with other hospital activities. At the end of 2013, the PMU, the Panzi Hospital and Panzi Foundation has developed a concept note of a development-oriented program that could replace the SSV project and develop activities to strengthen the integration in the General Hospital of Panzi.

The evaluating team recommends that PMU, the 8th CEPAC, the Panzi Hospital land Panzi Foundation to enter a process of reflection/ Strategic Planning to facilitate the integration of the SSV project in Panzi hospital by transition process (rebound), a humanitarian emergency logic to a structural logic sustainable management of survivors of sexual violence in Panzi hospital.

The integration of the SSV project at Panzi hospital can only be done successfully only to the extent that the major challenges are addressed below.

These are:

- 1)The ability of the hospital to absorb project human resources (medical and paramedical personnel, psychologists and social workers, administrators and side); During the eleven years of implementation of SSV project at Panzi hospital ;personal capacity were greatly competence. This should be taken into account to not lose this great acquisition of knowledge and experiences of sexual violence and specialized gynecological care.
- 2) To provide holistic care to the SSV in the hospital with the same efficiency (medical, psychological, legal and judicial, socio-economic, hygiene kit, kit out, recreation, SSV transportation, followed .home, awareness Panzi Hospital is renowned for its quality management of cases of sexual violence and specialized gynecological care. especially with its holistic model that is not found anywhere else in the sub-regional must not lose this esteem.
- 3) Solve the problem of free holistic care for vulnerable people who are very numerous in the region (SSV and other victims of disasters and war).Issues such as free health care, recreational outings, transportation of survivors of sexual violence on arrival at the hospital as their outputs and restoration of patients...must be analyzed in depth.
- 4) The mobilization of funds by the hospital in structural dynamics. For eleven years the project has involved with basically funding ECHO (73.4%), PMU (17.5%) and SIDA (5.8%). Despite the security situation is relatively better there persistence of sexual violence in the region as indicated in their report SVS in the project. Now that the project will be

integrated into the hospital services it is important that fund raising is continuous from a structural perspective. Structural financial and technical partners must be put in contribution in their less struggle against sexual violence in a region where rape is seen as a weapon of war. PMU, 8th CEPAC, the Panzi Hospital, the Panzi Foundation should organize to raise funds at the end to continue to support survivors of sexual violence.

a. Steps for integrating SSV project in Panzi hospital

1. Analysis of current operating Panzi Hospital (SWOT Analysis)
It will analyze the functioning and organization present in all these dimensions: board of directors, management committee, executive committee, the medical aspects of nursing, administration, management of resources,...
2. Analysis of national health policy of the DRC
This will deepen the analysis reports with the standards of the Health Zone, the standards of the general referral hospital(organizational norms ,standards activities, resources, norms, standards and structuring of the standard 'hospital environment).In addition it will use the National Health Development Plan, the document on the health facilities building strategy at the national level in the development of health human resources, the document in the national health human resource observatory.
3. Operational Integration Plan
 - 1) Vision/current mission of the hospital:
It will redefine a vision, new missions and strategic areas of intervention in an integration perspective.
 - 2) Organization
This will be how to integrate in the organization of the hospital has a service of obstetrics gynecology department or an acquisition unit responsible for survivors of sexual violence.
 - 3) Specifications sheet staff
it will develop a manual of procedures for the recruitment and management of staff.

b. Mechanism for monitoring and evaluation of the integration processes

This will set up a monitoring and evaluation SSV project integration process in the Panzi Hospital for corrective action.

CONCLUSION

In general, the analysis of this project has to understand that enormous efforts have been made by PMU and its partners to improve care for survivors of sexual violence and women with specialized gynecological problems. Between January 2004 and September 2014, 36,871 patients have received support from the SSV project at Panzi Hospital including: 22,383 survivors of sexual violence is 60.71% and 14,488 women who needs specialized gynecological care is 39.29%.

Awareness conducted by the mobile clinic, the communications team partner organizations through the media, churches, mass meetings, theaters, skits, signs and posters have affected around 3,600 people year. Several members of communities affected by the project activities came out of their ignorance and under-reporting. In the health areas affected by the project, referencing these partners are established to raise awareness and the reference of survivors of sexual violence. This allowed the

survivors of violence to be supported and reintegrate communities of origin and thus mitigate the adverse effects of stigma; this was not the case before.

Cases of sexual violence were reported and the perpetrator prosecuted. However, the weight of tradition and customs continue to weigh on communities and churches to the point that many other cases of SSV are not yet reported. The project trained staff, volunteer's and health providers to work well the project.

Ultimately, we can say that in view of the results achieved, the project 'Medical and Psychosocial Assistance to Survivors of Sexual Violence and Women in Need of Specialized Gynecological Care in South Kivu' contributed significantly, first to support holistically the survivors of sexual violence and women with gynecological problems specialized and other hand to make a plea the local, national or even international the fight against sexual violence in the eastern part of the Democratic Republic of Congo.

Some positive lessons are learned at the end of this evaluation:

1. The integral support offered by the SSV project has restored confidence to survivors of sexual violence as indicated by these testimonies: " I have never seen or heard of a project like SSV project. God bless you";
"Honestly, this project allows us to give hope to women. Wonder what would have happened to those women without the assistance of PMU and ECHO"
2. The work done by social workers, and psychologists to revolutionize the treatment of survivors of sexual violence. It is an experience capitalized in the future.
3. The large number of doctors, who specialize in the care of specialized gynecological diseases (fistula, uterine prolapsed,) is an important factor that makes this Panzi Hospital fame.
4. The high attendance at the Panzi Hospital of survivors of sexual violence is made possible through awareness through various communication channels (radio, mass awareness in the market, schools, churches, ...) it is by project of communication service, association partners of reference and community leaders associations.
5. The Director Physician leadership gives confidence and assurance to survivors of sexual violence and women with specialized gynecological problems.
6. The holistic model of care for survivors of sexual violence by providing medical care, psychological care, judicial and legal support and support for socio-economic reintegration is to capitalize in other hospitals.

An effective fight against SV cannot be done in a context of good governance or the state involves using its veering power.

Recommendations

1. Advocacy to the Gouvernement of the DRC

- End the socio-political instability, conflicts and politico-military nature to restore State authority throughout the national territory;
- Reduce the level of zero tolerance for any form of sexual violence and gender-based, finally putting an end to impunity for criminals (and accomplices);
- Record the prevention of sexual violence and gender-based among the priorities of the national health policy;
- Invest fully in the fight against sexual violence and
- gender-based and the consequent support of the victims;
- To promote specific studies on each form of sexual and gender-based (rape, early marriage, excitation of minors to debauchery, procuring, forced prostitution, sexual harassment, trafficking and exploitation of children for sexual purpose, forced pregnancy, etc ...), most of the are not qualified or well-located geographically on the links between sexual violence and gender-based HIV and better documented;
- a sexual violence surveillance system based on gender to serve as barometer and understanding the scope;
- Ensure strict compliance with and enforcement of legislation already enacted.

2. To the General Reference Panzi Hospital

- Accelerate strategic thinking for the integration of SSV project;
- In partnership with the Panzi Foundation, set up a management policy of the vulnerable: mutual health organization, introduction of user fees for certain pathologies, mutual solidarity (MUSOs), self-help boxes,
- Revitalize existing health facilities in areas with a high incidence of sexual violence and create others to bring the SSV care and reduce the high cost of care;
- Strengthen partnership with the Panzi Foundation in structural dynamics;
- Initiate steps with the DPS status SSV project staff including psychologists and social workers;
- Initiate specific project on child-trauma;
- Take advantage of the reputation of mobilize funds from structural partners.

3. To the 8th CEPAC

- Participate in strategic thinking that the hospital must be into assert the church's vision in them managements of SSV;
- Use of geographic coverage to mount the awareness program on sexual violence and peace of cultures;
- Make advocacy at national and international level on the issue of sexual violence in the DRC.

11.4. Provincial Health Division South Kivu

- Participate in strategic thinking to avail the elements related to the national health policy;
- Initiate project staff engagement process pile dad Panzi hospital;
- To regularize the situation of clinical psychologists;
- Search partners for the construction of peripheral health centers for close management of SSV.

5. To PMU

- Accompany the hospital land the founding of Panzi in strategic thinking in structural perspective;
- Accompany the hospital in research funding and the implementation of a specific projection child rape and problematic sexual violence post-trauma;
- To help Panzi hospital in search of as structural partnership;
- Conduct an international advocacy on the issue of sexual violence in the DRC.

6. DG ECHO

- Pressing one of the SSV recovery context and new forms of sexual violence (rape children, trauma associated with sexual violence).