

# **“RAPE WEAPON OF WAR”**



**COUNTRY VISIT TO KINSHASA D.R CONGO**

**October 2012**



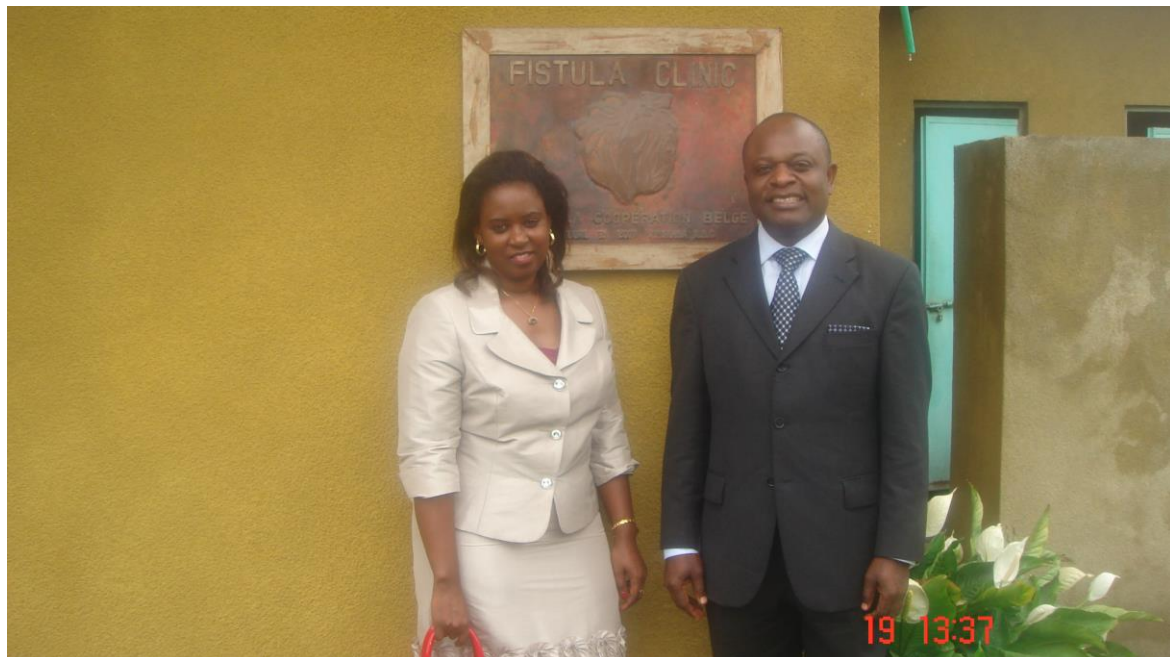
## About Wezesha

**Wezesha** (Swahili for 'empower') is an Irish based not for profit, non-governmental organisation founded and managed by members of the African Diaspora from Ireland to support women and children affected or likely to be affected by conflict and violence in Africa. Wezesha work in collaboration with allies and stakeholders to achieve an equal and just society through the empowerment of African women and children so that they live in peace and dignity, have healthy life and access to resources.

## The Background of Wezesha

Wezesha began in 2007 when Egide Dhala former Education Manager with Spirasi and Salome Mbugua CEO- AkiDwA met at a three days conference in Brussels on poverty alleviation in Europe. They were both inspired by their experience of supporting vulnerable immigrants in Ireland, from which they felt the need of extending gained insights and expertise back in their home countries. They then founded Wezesha in 2010 after a consultation process with African migrant communities throughout Ireland. Currently Wezesha works in two African countries, DR Congo and Kenya. With high rates of conflict and atrocities against women, these two African countries are targeted by Wezesha as grounds for combatting poverty and violence through the empowerment of women and children.

In 2012 Wezesha visited Kinshasa as a means to begin the establishment of valuable local projects and connections.



**Egide Dhala and Salome Mbugua outside fistula clinic in Kinshasa**



## Information on Violence Against Women in DRC

Rape has been used as a weapon of war in the overlapping conflicts that have rumbled on in D.R. Congo since 1996, causing millions to die of illness and disease. It is estimated that hundreds of thousands of women have been raped in attacks aimed at terrorizing civilians, humiliating the enemy, and ethnically cleansing regions

Many of the survivors are condemned to live with permanent physical damage, such as destroyed reproductive organs or HIV/AIDS. Others suffer post-traumatic stress disorder and social stigmatization, and others have had to raise children born of violence.



**Photos from Wezesha visit in Kinshasa**

### The Visit

The visit was done by the three directors of Wezesha: Flora Lamba, Salome Mbugua and Egide Dhala. The group arrived in Kinshasa on 16<sup>th</sup> October and visited the British Embassy the following day to register each individual presence in DRC.

### Meeting with the Department of Finance on 17<sup>th</sup> Oct.

The group visited Mr. **Clement Mbikayi**, who works with the Minister in charge of Finance. Clement explained about their role, which includes supporting projects and managing finances. The office monitors money coming in and out of the country. They have links with EU and the World Bank. Previously the department worked on three phases:

Phase 1: Working with Local communities with the support of trust funds: training people to work on projects on the basis of the World Bank standards and guidelines.

Phase 2: working on sustainable development, infrastructure, energy, generating power, support work in the social sector, building hospitals, etc.

Phase 3: Monitor and review incoming and outgoing funds.



The department supports groups and organisations by matching funding for projects. But these projects must be first approved by the government.



**Wezesha at the Finance Department**

### **Meeting with Caritas on 19<sup>th</sup> Oct.**

Seven members of staff at Caritas explained in depth about their work and outlined areas of synergy. They have been looking for partnership with groups in Europe, in particular in English speaking countries, but have had difficulties. Most of their programmes target women since they have been identified as one of the most vulnerable groups. Each member of the Caritas group explained to Wezesha team how they work on different projects and at different levels. These are:

- Mineral fields: engaging in social dialogue with mineral extracting companies on the situation of women and children who work in mineral fields. Used as cheap labour, women and children are often exploited. Many women are sexually assaulted, but they have little alternatives because they must support their families through mining income.
- Support of women involved in small trades: Caritas helps these women to be aware of their rights so as to avoid and overcome exploitation.
- Forest governance: Caritas supports women who are engaged in forest exploitation.
- Food security: Caritas has implemented a project called Agriculture and Trade Development in Bandundu province in which women are considerably involved. The women are given support in the management of agriculture products as well as the redistribution of the agriculture income. However, access to clean water is a significant issue for the local rural population; they don't have the ability to run large-scale projects. Building the capacity of women is necessary in this particular area.
- Relief of poverty: Caritas runs 12 programmes throughout the country addressing the impact of poverty on women and children. Actions in this area have been limited due to capacity, and the main challenge remains the development of appropriate activities to address capacity issues at local level.



- Project on Civic Education: women are underrepresented in the public sector. Caritas role is to promote civic rights so as to encourage women to get involved in politics and other public sectors.
- Micro finance projects: established to address poverty issues at the local level by enabling women establish small businesses.
- Health project: primarily covers women with H.I.V., as they are stigmatised, marginalised and live in extreme poverty. Caritas works with these women in small projects to aid them in looking after themselves. The diagnosed children also experience poverty and are usually unable to continue their education. Orphans of HIV victims are the most affected. In areas where minerals are extracted women are sexually exploited and therefore HIV is recurrent. This exploitation is widespread due to poverty within the surrounding areas. To address this health issue, education on relevant subjects is required.



- Emergency: Caritas also works on emergency services for natural disasters. There is a particular focus on the rehabilitation and replacement of infrastructures for people who are affected by disaster. For example, the displaced population in Eastern Congo. Here again, children and women are the most affected and most vulnerable group.
- Migration: Caritas looks after people displaced during war as well as Congolese people returning home from Europe. Again, the most concerned population is women.
- Reinforcement of peace: this project is supported by the World Bank and Africa Development Bank and aims at the resettlement of X warriors, especially children soldiers. They are supported in acquiring skills such as those of a mechanic, which can lead to the setting up of workshops, etc. However the most serious challenge in this area remains the recurring conflicts that continue to affect women and children in particular.
- Other support provided by Caritas to women in rural areas includes the channelling of products and goods to accessible cities or towns. The lack of a transport system constitutes a significant barrier for women to reach far market places in order to sell their products.





Photo from Wezesha visit:

Children and schoolhouse in the suburb of Kinshasa

### ***Possible areas for collaboration between Caritas and Wezesha***

As Wezesha works on the empowerment of African women and children, allowing them to achieve peace, dignity, health, and have access to resources for their lives, few areas of collaboration between Caritas and Wezesha were identified during this meeting. These include:

- Microfinance: important for women's empowerment and independence
- Renewable energy: especially in rural areas
- Reproductive health and to address HIV/Aids and other STDs
- Access to water
- Housing issues- environmental exploitation of the forests



***Meeting with Caritas Group***



### 1. Visit to the Fistula Clinic at St Joseph Hospital on 19<sup>th</sup> Oct.

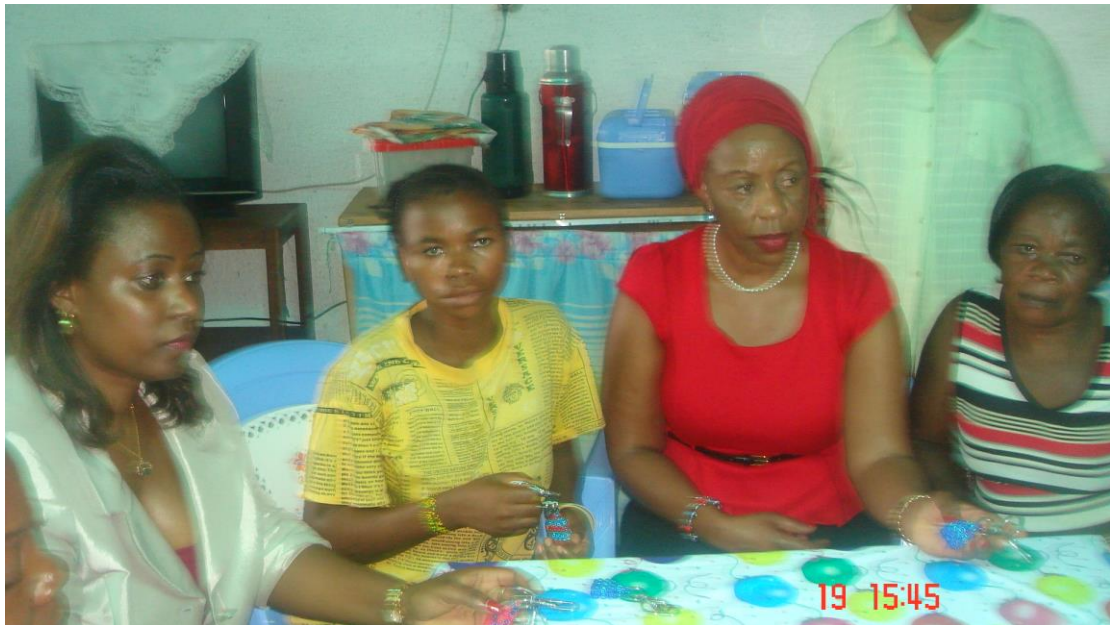
The clinic is based in Kinshasa at St Joseph Hospital under the catholic Archdiocese of Kinshasa. It was established in 2007 by the Belgian doctor Emile De Bactum, and since, doctors from Belgium have been visiting the clinic three times a year. Women come to the clinic from different provinces within DRC as well as from other African countries such as Angola and Congo-Brazzaville. During the day of our visit surgery was done on six women. Since the opening of the clinic, 600 patients have received reconstruction of their reproductive organs. Many women get fistula as a result of rape or during poor birth delivery, in which they often also lose their babies. It costs an average of \$1000 for the reconstruction procedure on one fistula patient, and for some patients it can take up to three surgeries before they are discharged. Patients also need a specific diet to help them recover quickly. Psychological support is essential since most of the women are neglected and abandoned by their families.



***Photo in St Joseph Hospital with Fistula patients***

**Challenges:** While the clinic is able to provide surgery, accommodating women has been difficult due to a lack of space. Actually the treatment lasts for about three months during which patients need to be monitored by the clinic in order to ensure that they are completely healed. Additionally, the women need to be prepared to reintegrate with their families and community after healing.





***Provisional recovery accommodation for Fistula patients***

**Possible intervention by Wezesha:** Support the establishment of a recovery centre that could act as a multipurpose centre in order to facilitate full recovery, development and wellbeing of the women affected by fistula.



**Hospital Presentation of the Cheque to St. Joseph's**



**Fistula Clinic Team with Salome**





**Wezesha with the Director of St. Joseph**

**2. Meeting with Dr Kalume Tutu and his team in the Department of Public Health on 18<sup>th</sup> and on 22<sup>nd</sup> Oct.**

Dr Kalume Tutu is the head of the 10<sup>th</sup> Direction that deals with the health of families and specific groups within the DRC Public Health department. The first meeting took place in Dr. Kalume's office but was interrupted as he was called by the Health Minister for urgent duty. He then invited the Wezesha team to meet on 22<sup>nd</sup> with all the head of divisions that are under his direction. 14 division directors along with Dr. Kalume met with Wezesha directors on that 22<sup>nd</sup> in Kintambo Hospital.





***From left to right Dr. Kalume Tutu and Dr. Jules Bongo Bo Mpot'lkaka***

All Division directors gave a brief presentation of services covered by their respective offices. A few points attracted the attention of Wezesha, including:

- Infant mortality: despite significant reductions in infant mortality rates, childhood death remains a challenge in the Democratic Republic of Congo (DRC). This trend is coupled equally with the staggering rates of maternal mortality, which continues to jeopardize Congolese children and families. DR Congo has the 5<sup>th</sup> highest under-five mortality rate in the world. With just 1% of the global population, DR Congo maintains over 6% of global under-five mortality. According to USAID, 148 of 1000 Congolese children will not reach the age of five. Approximately 465,000 children in DRC die each year from diseases such as malaria, pneumonia and diarrhea.
- Poverty: this is a huge problem that impacts on the health and wellbeing of women, the majority of whom live under \$1 per day.
- The lack of adequate resources is essential to address in order to prevent death at birth. Also, the department supports mothers affected by sexual health problems.
- People with mental health problems are also looked after through varied interventions. Support and capacity building is given to healthcare workers on the ground so as to support survivors of mental health problems. Many children need a psycho-social intervention too.
- Prostitution is regarded as a source of income, especially in rural areas. This has mostly affected women, in particular young girls who end up with early pregnancies and STDs.



- People with disabilities are also marginalised. The department works on different levels that include: the prevention of handicaps, medical support, empowerment of handicapped people, social protection and education.
- Specific interventions for the youth have been identified as crucial as 20% of early pregnancies are among young people who represent 30% of the population. Girls are targeted more for support through youth centres and schools. Integration and intervention for youth at all areas is critical.



***During meeting with the Health Department team in Kintambo Hospital (Kinshasa)***

#### **Visit of Kizito-Anuarite boarding School on 22<sup>nd</sup> Oct.**

This school is an initiative of Fr. Pierre Bosangia, one of the founders of the youth group Kizito-Anuarite, supporting young teenagers in looking at the African martyrs Kizito (from Uganda) and Anuarite (from DR Congo) as models of courage and perfection. There are 160 students in total; half of these are boys and half girls. Initially, the goal of the school was to target orphans; and while the majority of students are orphans, children from other backgrounds also attend in order to establish balance and avoid stigmatization. The school has been in operation for 4 years. It costs around 900 dollars per year, per pupil and the school supports orphans with scholarships from benefactors.

**Challenges:** lack of materials for learning—such as computers; motivation and role models for the children are constantly needed.





**Wezesha team entertaining children at the Kizito and Anuarite Girl's School**

## **Conclusion**

While in Kinshasa Wezesha was able to survey local issues and form connections with the aforementioned local groups. Despite weighty challenges to peace, education, resources, and health that women and children face in DR Congo, Wezesha has identified key areas where improvements can be made in order to empower these vulnerable groups and hopes to both begin projects in the area as well as continually form connections with other organizations on the ground.

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