



## **QUAKER CONGO PARTNERSHIP**

### **Visit to Abeka June 20-23, 2014**

*Margaret and Andrew Gregory, Nigel Watt and Maurice Bindende*



*Patients resting outside the hospital at Abeka*



*Friends Church at Abeka*

## Introduction

Mkoko Boseka, legal representative of CEEACO, co-ordinated our visit, arranged for us to meet all the people and groups we had asked to see, and made sure that we were well looked after. We would like to express our sincere thanks to Mkoko and to everyone else at Abeka who made us very welcome and to Bindende and his family in Bujumbura for transport and hospitality. Laura Shipler Chico of QPSW also helped us in arranging contacts.

The objectives of the visit were:

1. Visiting the projects: the Hospital, the Trauma Clinic Peace Garden and the Microcredit project, talking to staff and beneficiaries and establishing better communication with all the project groups.
2. Examining the state of the equipment and facilities in the hospital and other projects.
3. Establishing links with other CEEACO members.
4. Getting to know other Quakers in the region.
5. Looking at the feasibility of the proposed project to bring clean water to the hospital and village, and in particular ensuring that the local people supported the scheme.
5. Visiting George Fox School in the village.
7. Looking at the role of women.
8. Taking photos and videos in order to provide publicity material for display at the 2014 Britain Yearly Meeting Gathering and other opportunities for raising interest and funding.

## Logistical arrangements

After two days in Bujumbura meeting Quakers involved in peace work we crossed to the Democratic Republic of Congo and were met by the ambulance from the Abeka Hospital, which was also being used by other people from Abeka who needed to make the trip to Uvira and back. After our stay in Abeka we visited INIREC in Uvira and Friends in Kigali, Rwanda.



## The Hospital

*We were taken round the hospital by the doctors and administrator, when we spoke to a number of patients and staff. We had a formal meeting with many of the hospital staff, and also visits to the Centre de Santé in Abeka and the new hospital centre at Makobola.*

THE BUILDINGS: The hospital is composed of a group of 5 or 6 buildings providing an operating theatre, delivery room, wards for maternity, children and a number of smaller rooms that can be used for individual patients. There are also small offices for the doctors, administrator, pharmacy and technician, and for examining and admitting patients. When we visited there had been an increase in the number of cases of malaria among very young children. This had led to an octagonal building designed as a meeting place becoming an overflow children's ward catering for perhaps 8 seriously ill babies and toddlers along with their families. The hospital did not have enough beds and mattresses for all these families and many were lying on thin mats placed directly on the floor. This caused significant discomfort to mothers who were not used to this.

We discussed the possible reasons for the increase in malaria. For the last few years mosquito nets have been issued internationally to young children but this did not happen this year. In the past the nets have sometimes been used for other purposes, fishing or fencing vegetable patches, but we do not know if this is the reason for their absence this year. The rainfall this year had probably been heavier than usual thus increasing the rate of infection. Also the level of trust in the community for the hospital may have increased, resulting in more admissions. Malaria is often associated with anaemia and later, when meeting with a women's group, the subject of infant nutrition came up and I wondered if children from six months were getting enough iron in their diet.



*Operating theatre*



*Birthing Chair*

The other main use of the hospital is for maternity cases. In addition to the vaginal deliveries, not all of which are straightforward, there are three or four mothers a month who require caesarian sections. When we visited there were at several other

adult patients including a young man who had fallen out of a palm tree and hurt his spine, an older man was recovering well from a hernia operation; and a third patient who had been bitten by a snake and given anti-venom.

The operating theatre was lit by two low power light bulbs and the doctors were delighted to receive two runners' headlights which would direct light where it was most needed. The operating theatre bed looked old and we were told a second one was needed. We were also told of the need for a second birthing chair. The guttering and water barrels included in our December 2013 grant have been installed.

**STAFFING:** There are currently two doctors: Dr. Guillaume Marume who has been there for many years and Dr. Olivier who has recently joined him. This was made possible by Dr Guillaume giving up part of his salary! There are now some 16 or 17 members of staff including the administrator, one graduate nurse, other nurses, midwife, technician, pharmacist, driver, cleaners and security staff. It is six years since Dr. Guillaume has had much, if any, refresher training. Although not trained as a surgeon he has been operating, working as his own anaesthetist. The technician, the pharmacist and the nurses all need additional training for the work they are doing.



*Drs. Guillame & Olivier*



*Midwife team*

**EQUIPMENT:** There is a general shortage of equipment, especially for some of the more serious conditions. There is one microscope used for examining blood, urine and fecal samples, and sometimes five patients who are waiting for the results of the examinations. The fridge used for the storage of drugs is old and probably not well insulated. The batteries, which should store the output of the solar panels are old and corroded, so although the fridge is cold during the day it warms up during the night.



*Solar Power Batteries*



*Water barrel fed by guttering*

**THE AMBULANCE:** This vehicle is working hard on a wide variety of tasks and is being maintained. The state of the roads in the area must take a heavy toll on its shock absorbers, springs and tyres, though the driver showed great care and skill in negotiating the many ruts and potholes. Because of the number of demands it is not always available for the transport of patients. The visits it makes to Uvira, necessary for bringing supplies, must strictly controlled so that it is available for emergencies.



*Ambulance*



*Pharmacy*

**DRUGS:** Shortage of drugs was not raised and there seems to be a reasonable supply.

**WATER:** This problem was raised by most of the people we met and the cry was: "Thank God you are finding a solution to the water supply problem."

**PRESENT FUNDING:** (*this is as I understood things*). From the state \$400 a month for the doctors and \$13 a month for the nurses; our grant and payments made by patients for drugs and for admission (though there are problems when poor people cannot afford to pay.) State funding does not always arrive on time. Funding for hospitals in the DRC is a much bigger problem than for education where the money is more reliable.

**FUTURE:** The staff would like the hospital to be recognized as a "general hospital" rather than a "hospital centre". Solving the water supply problem will be an important step in that direction. There was a plea for us to lobby international bodies to try and get funding including state funding.

**GIFTS:** We took with us a number of gifts for the hospital including a fetal heart monitor, otoscopes, and blood pressure monitors. Donations from Manchester.



*Presenting the fetal heart monitor*



*Meeting with hospital staff*

REQUESTS: A second operating theatre, a second birthing room, beds, a second microscope, many items of extra equipment, an improved electricity supply, a second ambulance, ultrasound equipment, training for staff ..... *(It was suggested that if we could gather together a container of equipment it could be imported via Dar es Salaam, taken by train to Kigoma in Tanzania and up Lake Tanganyika by boat to Kalundu, the port of Uvira, and then down the road to Abeka.)*

OUR PROPOSAL: Ask the doctors and administrator for information to show what is required to get recognition as a general hospital, and what difference this would make to the money available from public funds.

On the basis of this, try and create a medium term plan. Look for additional sources of funding.

PRIORITIES: When Dr Guillaume heard that there was \$1000 for equipment in the July payment he said the first priority was for beds.

Get new batteries for the power supply, and possibly also a new fridge as that would save on electricity consumption. Also look at some of the new solar power systems which would improve lighting throughout the hospital.

A staff training plan, including Dr Guillaume, and careful evaluation of equipment needs.

### **Other Health Facilities in the Area**

A new 'Centre de Santé, Abeka', has been built down by the lake, with a senior nurse in charge but no doctor. The nurse showed us round the building, which was new in 2013, funded mainly by US AID, but short of equipment. We were given a long list of equipment they need including a delivery bed, clock, thermometer, tables and chairs. The information on the walls included protocols for treating simple malaria and emergency response to cholera. I had to explain that our commitment to the hospital and the water project meant that we were not able to offer them any help at this time. There is also a small building near the hospital funded by CAPI, which is dealing with sexual health/HIV work.

The neighbouring community of Swima has a Cholera Treatment Unit.

Makobola, about 15 km to the north, has a new hospital centre with one doctor whom we met, and a midwife (elderly). There must also be other staff. There is also a new water supply, the pipeline is about 2km long and leads to toilets and showers near the hospital. They also had a number of mini-solar panels.

### **Trauma Clinic Peace Garden**

*We visited the Centre and Garden in Abeka and had a discussion with the staff. We also both watched and participated in the celebration under the trees on Sunday afternoon.*

The team is working in three communities on the lakeside, and also one on the plateau where there is a community of Rwandan origin known as Banyamulenge. There is a history of distrust or worse between communities and clans which are seen to be different. The TCPG work has led joint working, visits and shared activities between the different groups, trying to build trust and friendships.

Throughout our involvement QCP have been paying the school fees of children who have been orphaned, the first group were from Makobola and are now graduating from school. One has become assistant to the chef de village. The TCPG team have developed a programme of activities as well as individual support and visits to the schools and foster parents of the children being supported. We were given a copy of their Activity Cards which can be used for school or after school activities, and were told that UNICEF had visited and been interested in the work. It includes education for non-violence and pre-marital counseling as well as sports and cultural activities. Raising self-esteem is really important.



The team also works with adults who have been traumatized and has undertaken training to help them with this difficult work. There are times when the work feels overwhelming but they do support each other and have shared guidelines to help them. Sometimes victims also need medical help. They are also concerned about problems arising from drug taking. They feel able to respond to people whose difficulties are primarily due to trauma but there are times when it may be that a full mental illness has developed which is outside the range of their training.

They have responded to allegations of witchcraft in some villages which led to those who had been accused being assaulted and in some cases killed. These allegations can arise when there has been a sudden death, possibly from a heart attack.

Requests made: Pen friends for the children. Their computer is not working despite attempts to get it repaired. There was a training request for degree finance for both Isaac and Mupenda. Money is needed to help the families fostering the orphaned children as beds and food are significant costs for the families. There are also extra costs arising from education demands, particularly fees for final year exams.

Our visit was an excuse for a joyous celebration and presentation. It involved young people from three communities. Four of the young people presented a short drama illustrating the unwillingness of a father to allow his daughter to go to university, but supporting his son, and then seeing the error of his ways when his daughter eventually had the chance. They had prepared posters stressing the value of peace education and the importance of having the right relationships with each other and there was lots of singing and dancing. A very happy Sunday afternoon for the whole village.



*Children from the Trauma Clinic Peace Garden performing in the show*

## **Microcredit**

*This is based on attending meetings of members of the microcredit users in Abeka and Uvira along with the project leader Andjelani Kisubi.*

In Abeka there are 36 women in the microcredit groups and 18 in Uvira. Both have a waiting list of women wanting to join when there is money for training and loans. There was great appreciation for the training that had been given and a hope that there could be further training, especially in bookkeeping. The Abeka women were moving towards more joint enterprises, a group of five were buying bundles of second hand clothes and reselling them, Cassava was being harvested, processed into flour and sold, another group planting and harvesting ground nuts and vegetables for sale. Two women were hoping to have a small shop near the hospital as the people there needed to buy food, and others were working on rearing and selling goats for both meat and milk. This led to a discussion about infant nutrition and the importance of a varied diet for young children.

One of the projects in Abeka is linked to the brickworks. It is continuing to produce bricks and roof tiles and has added floor tiles. They are managing to sell bricks and roof tiles and are hoping that the floor tiles will be used for the Friends Church.



*Andjelani and Margaret looking at tiles*



*Meeting with Uvira microcredit group*

In Uvira the women are meeting in groups to support and monitor each other but the enterprises are mostly single person, though one woman has bought a bike which her son uses to run a taxi service. The women told us that the money they made had enabled them to pay school fees and medical bills. Most of the women are the only earners in the household. They were gradually managing to pay back their loans.

In both Abeka and Uvira most of the women with microcredit loans were members of the Friends Church. We were told that this was because they found it easier to trust people they knew, and the possibility of getting a loan seemed to be leading to some women starting to attend the Friends Church.

Requests: Money to expand the scheme and for training. I said that because of the water project we would not be able to increase the money for the existing projects this year, but the current level of funding would be maintained.

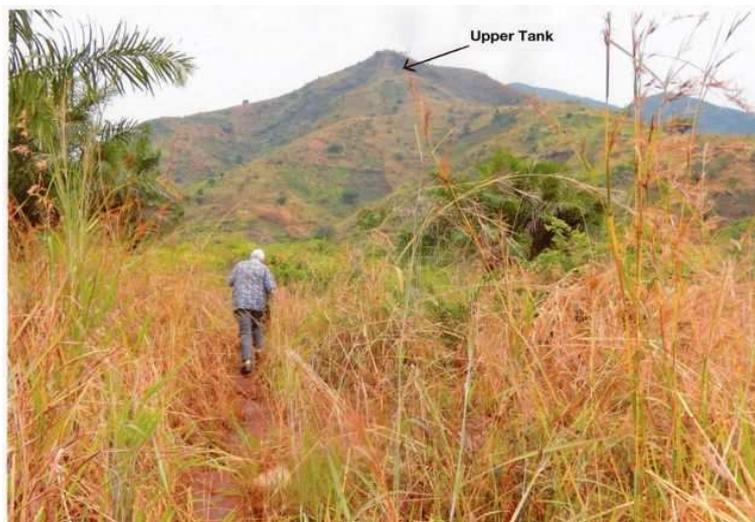
## Water for Abeka

*This report is based on technical reports from 1991 from Ebulo Byaombe and 2013 from Eliphaz Bashilwango, further discussions with Elifaz and Ebulo in June 2014, a visit to the proposed sites of the two water storage tanks and a meeting with senior people from the village and CEEACO.*

In 1999 a proposal for providing drinking water to the Hospital in Abeka was produced by Mkoko Boseko, Dr. Guillaume Marume, Atambo Saleh and Ebulo Byaombe. This suggested bringing water from a spring 7.5 km from the hospital. This spring was estimated to produce about 600 litres per hour, A detailed estimate was given, amounting to about \$30,000 for labour and about \$53,000 for materials.

In 2013 a Joint Evaluation Mission reported on water, hygiene and sanitation at the Abeka Hospital. The team comprised Dr. Guillaume Marume, M. Alenga, Maurice Bindende Kamwanga, Mme, Anjelani, Ebulo Byalombe, Ashinga Aluta Maplan and Eliphaz Bashilwango. They gave a detailed analysis of the problems and stressed the importance in educating and involving the local community. They proposed using two springs, 400m apart, that have good continuous flows. They proposed piping this water to a small upper tank, then using a longer pipeline to a large tank fairly close to the hospital. Depending on funding, the hospital is the chief objective, but water for the village would also be possible.

Ideally from this lower tank there should be two pipelines, one to the hospital and one to the village. The village pipeline would be operational for limited periods in the morning and late afternoon. Both pipelines will have standpipes from which water can be collected. The second stage will be to equip the hospital with washbasins and showers. Biosand filters will probably be needed for drinking water. The anticipated cost of this work is about \$90,000. The pipeline needs to be buried to protect it from accidental or deliberate damage. This means that it will not follow the shortest route as it has to be diverted around an area of hard rock. Both water storage tanks will be made of reinforced concrete and covered to prevent contamination of the supply and their becoming breeding sites for mosquitoes.



*View of the hills behind Abeka showing the approximate site of the Upper Tank*

The proposal has been shared with members of the Abeka Development Committee and CEEACO who were delighted that we were undertaking to raise the money for clean water and promised that they would set up a special Water Development Committee (which would include women). The village as a whole would support the development by providing assistance with some of the digging and related work and the payment of a small monthly charge to cover the costs of running and maintaining the water supply. We also hope that the construction project can provide training for some members of the village who can later assist with the maintenance. The water development committee will have responsibility for managing the finance and maintenance of the project after completion.

We have had assurances from the village elders that the land needed is available.

The project should go out to tender and documents for this will be drawn up during the autumn of 2014. The payments from QCP UK will be phased with successive payments being made in response to reports and photographic evidence showing what has been achieved. The final payment will be made after completion of the work when it is clear that the water supply is working satisfactorily.

It was made clear that QCP UK has a lot of work to do to raise the money required and that a significant part of the required sum needs to be raised before work can start.



*Inspecting the site of the Upper Tank*



*Meeting with members of the village*

The provisional timetable is for tender documents to be drawn up in October/November 2014. Bindende has offered to help with this and copies of the proposed documents will be sent to the UK. Once the tender documents are agreed and sufficient money is available the project can go out to tender. We shall need to liaise with the local representatives to ensure there is a good management plan and that all permissions are in place.

### **George Fox School and College**

The same building is used for both School and theological college. The theological college uses the building in the morning and the school in the afternoon. There is a partly built adjacent building which will provide an extra classroom and office for the principals. The staffs for each are different people. Lon Fendall and Ron Stansell from Friends Evangelical Alliance visit the college fairly regularly.

The school provides secondary education for about 47 students 12 -17 or 18, and about a third were girls. The classrooms had desks and chairs, but not quite enough of each. There is not a library and no books were in evidence, (but it was exam time). Looking at what was on the blackboards and the exam timetable, education included French, shorthand, physics, music, history, English and computing (no computers).



*Classroom*



*Presentation to the headteacher*

We presented the headteacher with a copy of the recently published book ‘The Light that Pushes Me’, about peacemakers in Africa, and, after discovering that they did not know why their school was called after George Fox, explained who he was.

### **Meeting with CEEACO**

In Abeka we met with some of the members of the executive committee of CEEACO and discussed the future of the project management and the possible transfer to a separate organisation: Friends Initiatives for Peace and Development in Congo (FIDPC). In particular we were concerned how this relates to Quaker work in the area and the relationship between QCP/UK and the projects in the Abeka/Uvira area.

We also visited the Friends Peace Centre at Uvira, where Mkoko has his office, and had a meeting with the women from the Uvira Microcredit group.



*CEEACO sign at Uvira*



*Friends Peace Centre, Uvira*

### **Visit to Kigali**

This was our last bit of planned Quaker work and Rwanda, particularly Kigali the capital, was a real culture shock after Uvira and Bujumbura. Wide tree-lined and well

surfaced roads. Traffic lights that count down to the change in seconds, and are obeyed by everyone. Very clean, absolutely no litter. Modern buildings, indoor shopping centers with a pretty good supermarket. It felt like being back in Europe.

When we visited it was just twenty years since the genocide. This is something which is spoken about and if you get to know somebody fairly well they may share with you a little of their story. The memorial and garden in Kigali is a very moving place, and interments are still taking place as more bones are being found. Everyone hopes that something of this sort will not happen again, but there is also an underlying anxiety in a country with a very high percentage of young people, without work for all.

We took a taxi up to the Friends Church and George Fox Schools, in the Kagama sector of Kicukiro, up in the hills on the outskirts of Kigali and met Cécile Nyiramana, clerk of Rwanda YM and Mupende Aaron the deputy Legal Representative (David Bucura is the Legal Rep. and was in Northern Ireland for a FWCC meeting). They have a huge and lovely site on which they run a nursery school, primary school, and secondary school, all called after George Fox. The classrooms are very simple and short of books and other equipment. Across the road, also on their land but administratively closer to the state system, there is another primary school. Their problem is that they have been told to bring the buildings up to modern standards if they want to keep their independence and all their land. As Cécile said "We are praying and praying and working."



*George Fox school and gardens*



*Outside the Friends Church*

☑ They provide financial support to 105 vulnerable students, orphaned, impoverished or with imprisoned parents. The last three years of education are vocational and aimed at creating entrepreneurs who can set up businesses themselves. Computing is an important part of this preparation.

A few years ago the president of Rwanda decreed that English, rather than French, would be the main European language and it is introduced in the nursery, though there is also teaching in the home language. This has been difficult for Rwanda as there are not enough people, including teachers, who have a good knowledge of English. They would love to have a volunteer who could help train teachers in the teaching of English, and it would be in a place where there was much that was familiar, such as the plumbing and range of goods in the shops. When we told them we had come from DRC they were impressed. They regarded it as a very dangerous place and asked us if we

had been safe, to which our reply was "we are here". Cécile has met Mkoko at a number of gatherings and responded very enthusiastically to his name. When we showed them photos of the village and hospital they were shocked, it was as much another world to them as it is to us. "This would not be found in Rwanda." ☒☒

Quakers are doing a lot of peace work, much of this is through the Friends Peace House, which was established separately from the church to make it clear that it was for all the community not just for Quakers. We were told about this but did not go there, I think it is two or three miles away, but on the same side of town. They are also building up their prison visiting program, after taking perhaps six years of negotiating to get permission. I was asked if UK Quakers were doing work in prisons and said we were doing some, but had also had difficulty with permission, and mentioned the regular work supported by Warrington Meeting. We also talked about AVP, which they use a lot. Rwanda is a country where some amazing things are going right. There is a great deal of recovery following the genocide twenty years ago, but there is still much pain. The birth rate is very high, as it is in Burundi and Congo, so the population is increasing rapidly, half the population is under 25, and there is not enough work for all. There is some anxiety that in future there might be further conflict.

☒☒

### **Impressions of places**

Bujumbura in Burundi is a busy bustling city, cars, taxi-motos, busses and people carrying amazing loads on their heads or bikes. The main roads are tarmac and the surface of many of the minor roads is being improved. When we were there the kerbstones and white lines on one of the main roads were being repainted in readiness for the Independence Day parade, causing some extra congestion. It is a city with banks, pharmacies, small supermarkets, clothing stores and people who will run you up a shirt or dress on their sewing machines under the pavement arcade. Towards the Congo border is an area of pleasant lakeside beaches, hotels and cafés in wooded gardens, where we enjoyed a birthday lunch.



A taxi to the border and we walked across passing through the two sets of passport controls and customs posts without any difficulty but quite slowly. One unusual facility is that disabled people can use a hand-powered tricycle to transport goods across the border into Uvira. Mostly these trikes also have a pusher or two to help them along. The same opportunity also exists along the edge of Lake Kivu from

Rwanda into Goma. In both cases the road across the head of the lake is level and well suited to cycle transport. Over the border we were met by Mkocho and other CEEACO members in the ambulance. We all squeezed in and had a companionable ride to Abeka. The tarmac finished at the border but the first stretch of the road past the UN base was a good hard surface, if slightly dusty. Through Uvira there was, or in some parts had been, tarmac, but the road seemed to be getting narrower. There was one moto-taxi carrying three adults, a toddler and mother had a young baby on her back. I took a number of photos of some of the more improbable loads on bikes and carts.



Then the tarmac finished and this main road was really rough with many ruts and potholes. The CEEACO driver is really excellent at managing this difficult road, and there are some improvements in progress as bridges, swept away three or four years ago, are gradually being replaced. On the way south we stopped at Makobola to see the new water supply system, the hospital and the memorial to the massacre there.

We saw more of Uvira on the way back when we visited both INIREC and the Friends Peace Centre. The wide main street is lined with tiny shops and moto-taxis waiting for trade. INIREC has a base near the centre of town, the CEEACO Peace Centre is up the hill, a more spacious building with further open space around it.

We also saw women processing cassava. Up the hill towards the Peace Centre there was quite a lot of vegetable growing, but many of the plots were fenced off using mosquito nets.

The setting of Abeka is lovely, extending down to Lake Tanganyika, and with hills rising up from the hospital to the Rift Valley escarpment. There are lots of trees to provide shade, and an area under some particularly big trees by the main road provides the village meeting place and was used for the TCPG celebration. Most houses are small, single story with a door and two windows. Most of life is lived outside, at least in the dry season. Children wander around, a five or six-year old girl may well be carrying a one-year old and also minding the three year-old. There are a fair number of goats and chickens around, and I assume that everyone knows who they belong to. The main crop seems to be cassava, pure carbohydrate, but some people are now growing peanuts, maize and beans. It was very noticeable that the carrying of heavy loads was done by the women.

## **Quaker Communities in the Great Lakes area of East Africa**

Rwanda, Burundi and the provinces of North and South Kivu in the Democratic Republic of Congo (DRC) are close together in the western arm of the Great African Rift Valley. All had the misfortune to be Belgian colonies and all have experienced horrendous violence and internal strife since gaining independence. There have been refugees fleeing between these areas and other nearby states. Some refugees are still marooned in camps, others have become more or less part of their host communities and some have been confident enough to return home.

Now things seem quieter and progress is being made, the pattern is different in the four areas. In all four there are substantial Quaker communities originating from missionary work by members of the Friends Evangelical Alliance from the 1980s when Quakers have been running schools and hospitals. Following the genocide in Rwanda and the related violence that has also plagued the other communities, they have worked hard to develop peace building and reconciliation. They came to the important understanding that peace building could not proceed without trauma recovery, and developed programs that trained local people as listeners/counselors in their local communities. Often this started as a part of the work of the church but many of the initiatives are now independent but closely linked with Quakers. Examples are DRC. Trauma Healing and Reconciliation Services (THARS), Quaker Peace Network Africa, African Great Lakes Initiative (AGLI), Friends Peace House Kigali, Rwanda, Initiatives for Community Reconciliation, (INIREC) based in Uvira, and Friends Peace Centre, Gitega, Burundi.

We met people associated with all of these initiatives and heard about their work. Each has its own particular character and emphasis but they have much in common, trauma healing work, working with groups of women, listening to grievances and supporting people while they find a way forward, health work, particularly in areas of sexual health, work with young people in school and in the community and assisting prisoners and the wives of prisoners. Approaches such as that used by the Alternatives to Violence Project are being employed widely. Some are becoming more closely involved in working with the civil authorities and trying to strengthen the ability of their society to work peacefully and avoid a return to the conflicts all have experienced. Some of the peacekeepers from this region are featured in the book: 'The Light that Pushes Me', published in April 2014 by Friends House. The work that is being done is tremendously impressive and important. Quaker Churches have also had their internal tensions and there have been a number of splits, some of which have been linked with one group within the church feeling that another group or tribe was over-dominant.

### **Quaker Congo Partnership UK**

For the last six years most of our committee have been members of Cambridge or Manchester & Warrington Area Meetings, and our formal reporting to the Charity Commission has been through Cambridgeshire A.M. Trustees. We have now applied to the Charity Commission for registration in our own name and hope this will be completed soon. Please check our website:

<http://www.quakercongo.org.uk/>



*Patients inside the hospital*



*Children cared for by the Trauma project*



*Women from the Microcredit group in Abeka*