

# Community Projects in the Eastern Congo supported by Quakers

The fighting in the eastern part of the Democratic Republic of Congo (DRC) led to thousands of people being displaced and in need of relief. As many of these people were part of the Quaker community help came from British Quakers.

The active Quaker community in the east of DRC have been running a small hospital. They have also been providing trauma counselling and other help to orphans, refugees and others who have suffered from civil disturbances. They had the minimum of resources and were finding it hard to cope with all their commitments. British Quakers heard of their situation and promised to help by sending a regular sum of money and other support.

These projects are based in the village of Abeka by the shores of Lake Tanganyika, 40 km from the town of Uvira, very close to the border with Burundi. The Quaker church in the community originated from mission work by evangelical American Quakers in Burundi. Their lively services, full of music and dancing, are very different from the British Quaker tradition based on silent worship. However they share the same principles of peace building and of care for others. During the many periods of unrest in the Congo, they continued to run the hospital and provide support for those who had been orphaned or traumatised by local massacres, and for those escaping the civil wars in Rwanda and Burundi.

Over the last eight years British Quakers have given financial support for the hospital, trauma counseling, and helped set up a women's microcredit project.

On visits it was clear that a major problem was a lack of clean water, which affected the health of the whole community. Plans already existed for piping water from springs in the hills above the village, and two years ago a fund-raising campaign managed to provide the finance to complete the first two stages of this project. Clean water is now flowing.

## Community Hospital Abeka

This small hospital has expanded its simple buildings. With two doctors,



A mother and her child in the hospital.

*Credit Andrew Gregory*

three nurses, midwife, pharmacist and support staff, is able to offer both inpatient and outpatient care along with maternity care for about 30 women a month. A range of operations, most commonly Caesarian sections, are performed with low mortality figures. We receive quarterly reports on morbidity and the major problems are malaria and anaemia - the latter also related to iron deficiency in children.

A new fridge has meant the hospital can do blood transfusions for the more severe cases. Water borne diseases have accounted for an average of 140 hospital admissions a month, including Typhoid (20 -30 cases) and we are hopeful that the recent introduction of clean running water and planned new toilets will reduce this. Staff have a training programme and have recently benefited from visiting a larger Quaker run hospital in Burundi. The hospital is still in need of more equipment.

## Peace education, trauma counselling and orphan support

The counselling and peace education work is with children, young people and adults, with individuals and groups. There is a small team of committed trained counsellors who also raise awareness of sexual violence and sources of conflict. Currently we are supporting the school fees of 40 children and young people. We are exploring ways of training young school graduates in trades such as dressmaking, computing, mechanics and carpentry. The need has moved on from managing trauma caused by earlier massacres to prevention of violence, healing and issues related to drugs and poverty. There is great need and also potential within this project.

## Microcredit

The microcredit project started in 2008 as a new venture to assist women who had often been left without support, and

traditionally have had a low status in Congolese life. There are currently groups in Abeka and Uvira. The supervisor had tried to establish groups in other communities but transport difficulties prevented this.

It works on similar principals to other microcredit projects. Women are encouraged to do their own investigating and develop proposals for small businesses, which they discuss with the other women in their group. The group has to agree the proposal and decide the size of the loan, from \$50 to occasionally \$100. As these women have had little financial experience they are given training including basic bookkeeping and have said they would welcome further training.

The projects that have been successful include

- Repairing and reselling clothes.
- Processing cassava and reselling the flour. This may be expanded to become a group project.
- Buying fabric and making clothes.
- Buying and reselling charcoal, fish, tomatoes, shoes, clothes and reselling them.
- Growing and selling peanuts
- Buying a bike that is used as a taxi by her oldest son.

Some of the money earned has been used to develop the business but much has been used for necessary payments such as school or hospital fees.

One beneficiary wrote: "Due to poor health, I couldn't cultivate land as the other village women do. I wanted to go in for trading in fish and cassava but I hadn't got the means. But thanks to the microcredit project, I got a loan of \$100 and, with the profit I earned, it's easier for me to get people to help me with cultivation. I have repaid the sum that was lent me with interest."

Worldwide the payback rate for microcredit projects is reported to be around 90 per cent, but we have not achieved this. However the DRC is one of the poorest countries of the world and the education of women is only just being recognised as important. Few speak French and many are hesitant in Swahili. This limits their communications and access to information.

## Water

Until recently water for the hospital was collected from the corrugated roofs of the buildings, and water for the village was carried up the hill from the lake or polluted streams. The prevalence of water borne diseases made the need for clean water obvious to the local community and to us.

We received copies of plans to bring clean water seven kilometres down the rift valley hills, provide a covered reservoir above the hospital and a network of standpipes so everyone had access. When visiting in 2014 we climbed the hills, and met with community elders. We agreed to raise the \$100,000 needed, but knew it would take time. They agreed to establish a water management committee and make arrangements for maintenance.

At first we were hoping for some technical supervision from one of the NGOs with expertise in water management, but this did not work out. The eventual management was entirely local. The supervising engineers were recommended by the water management committee, and both sent us their CVs. We received two reports each month on the progress of the project, including

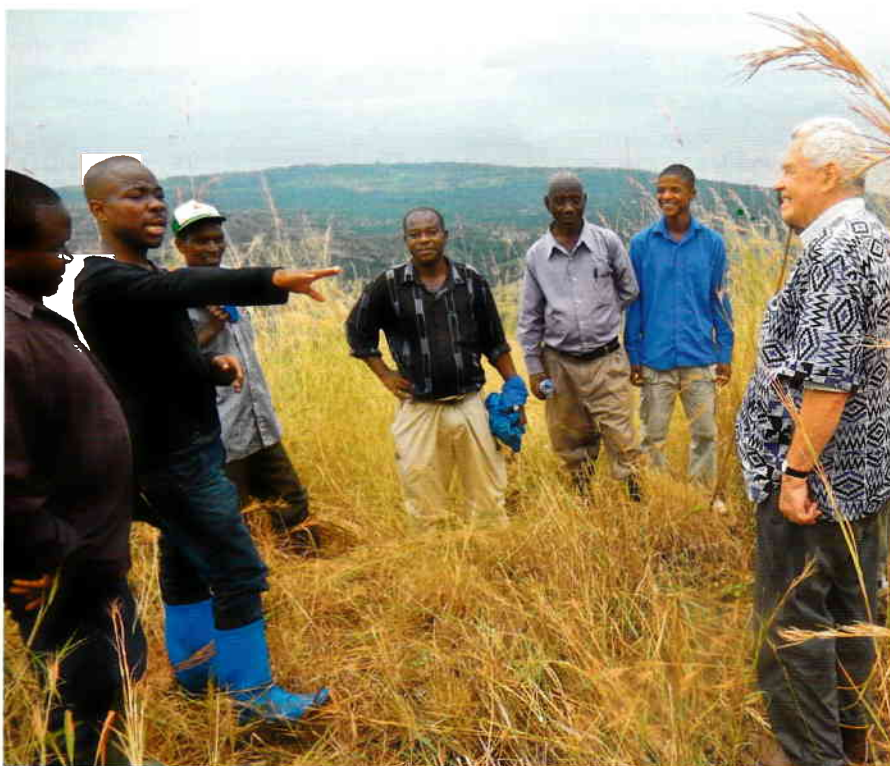
photographs, and monthly financial accounts. The work started in August 2015 and the water was turned on in May 2016. We have been very impressed by how well the local community have managed the project. We need a further \$10,000 to equip the hospital with showers, washbasins and extra toilets, and hope to raise this money during 2017.

## Conclusions

We have learned much from such a close relationship with another community. There have been anxious times when we needed patience and trust. That trust has been justified. The Quaker community on the shores of Lake Tanganyika have proved themselves well able to manage complex projects on behalf of the wider community and this has inspired and encouraged us.

*Written by trustees of Quaker Congo Partnership UK*

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Visiting the site of the upper tank for the water project.

*Credit Andrew Gregory*