

RECENT VISIT TO PROJECTS SUPPORTED BY THE QUAKER CONGO PARTNERSHIP

In April 2012, two Friends from Britain visited the three projects in South Kivu, run by CEEACO (la communauté des églises évangéliques des Amis au Congo) and supported by the Quaker Congo Partnership: the hospital in Abeka, the trauma clinic also in Abeka with its outreach post in Makabola and the microcredit scheme. They took photographs, which will be going up on the website shortly and wrote a detailed report, which committee members will be considering at their meeting in early June. In the meantime here are a few photos and some edited extracts from their report, to give you the flavour of the work that is being done.

The purpose of our going was to visit the projects that have been funded by the Quaker Congo Partnership for the past three years, to meet with the staff and the CEEACO Quaker Congo Partnership Committee and in the light of our findings, to discuss together the renewal of the partnership for the next three years.

The timing of the visit, however, planned to take place immediately before the Friends World Gathering at Kabarak in Kenya, was not ideal in that CEEACO was hosting two other sets of visitors at the same time – two Quakers from Rwanda, who were giving seminars on the health-giving properties of the moringa tree (google it!); and Lon Fendall from EFCI (Evangelical Friends Church International), recently retired director of the Centre for Peace and Justice at George Fox University, who was visiting those involved in the Theological College in Abeka, in connection with a planned conference to be held in Congo in 2013. This made the visit more interesting in many ways, but also meant that there was a lot to cram in to a short time, particularly as much of Saturday was taken up with a big celebration of the first three years of the Quaker Congo Partnership. Despite this much was achieved and we were able to spend a considerable amount of time with the project leaders and those they worked with, teasing out priorities, explaining our thinking and working with them to explore the way forward.

Reporting on their first impressions Catherine, who had visited Africa before, but not Congo, wrote

It was a mixture of the familiar and the strange.

Immediately there is that sense of getting things into perspective - what is important and how much we take for granted: water from a tap, electricity with a switch, buses, roads with bridges and without potholes, health and education without payment at the time, open democracy....

On the first night in the guest house in Bujumbura (capital of Burundi) the corridors were lit with candles and there was the odd mosquito through the mosquito net and of course no plug for the sink.

Familiar sites of red soil and people everywhere: walking, on bikes, carrying everything from livestock to firewood on their heads, backs or bikes or on top of buses. Roads full of cows, goats, people, bikes.

There are noticeable contrasts between Kenya, Burundi and the DRC. For example in Kenya I changed money from a hole-in-the-wall cash machine; in Burundi it was in an office, with the rates of exchange written up on the wall and a written receipt; in Congo it was a plastic carrier bag in the market and then there was nothing to buy....

Swooping swallows, stars at night, a helicopter hovering, UN troops, busy market stalls in Uvira...

The road between Uvira and Abeka goes alongside Lake Tanganyika the whole way; beautiful!

Everyone so friendly; all of us struggling in some degree or other to communicate in French

So Abeka what is it like? The ambulance turned up a track and drove through the yards of people's houses, scattering chickens, goats and children: children of all ages everywhere we went: up the hill, past trees and cassava fields and some rice. As the hill flattens there are the hospital buildings. Then up a bit further to the former mission house. This is usually where the doctors live, so while we visited (and whenever there is a visitor) the doctors have to move out. It's fairly solid: three bedrooms, bathroom (though no water apart from in bowls and buckets) and 'dining' room. Outside sheds for food storage etc and cooking on open fire. It rained most days; sometimes a lot.

Hazel, visiting CEEACO for the second time, wrote:

- There were goats, pigs and cows on the road between Uvira and Abeka (on my previous visit I had seen no animals – they had all been taken and slaughtered by the mai mai)
- There was more construction going on
- A brand new frontier post has appeared on the Congolese side of the border – infinitely superior to that on the Burundian side!
- The ambulance is impressive, the driver superb - rivers and potholes were negotiated without difficulty – the former were rising steadily, it being the rainy season, the latter have not improved.
- The sound of the mobile phone has reached Abeka, though there were not many in evidence
- The hospital generator, which is apparently run for a couple of hours each evening to provide light, has been connected to the mission house, so we ate our evening meals by electric light and were able to continue to meet and to make notes until about 10pm
- There are a number of new buildings in Abeka
 1. A new maternity block for the hospital (provided by Catholic Relief Society) and latrines (provided by Oxfam and Tear Fund)
 2. The guest house on the main road has been made into a very serviceable Trauma Clinic (the foundations by the lake remain)
 3. A house to provide accommodation for the doctors is almost complete
 4. There is a new, much larger church, adjacent to the old one , which is now used for small meetings, preparing food etc
 5. The Theological College (foundation on my previous visit) is in use with three classrooms finished and two almost so.
- The welcome was as warm as ever, the tea/coffee as indeterminate

The report then looks at each of the projects in turn

The Hospital

Background

The hospital serves a population of around 10,000 – 4000 in Abeka, 3000 in Makabola and then other surrounding villages.

The nearest 'reference' hospitals – to which patients needing a higher level of care are referred are Uvira (45 kms), Nundu (30 kms) and Baraka (45 kms). The CHA (Centre

Hospitalier d'Abeka) is classified as a hospital providing PCA (a package of complimentary activities); the Centre de Santé, on the main road and also run by CEEACO, provides a PMA (a package of minimum activities). This latter has a single male nurse, who can give out medicine and can observe patients for up to 3 days, after that if there is no improvement they are referred to the hospital.

There are 14 staff at the hospital including two doctors - Dr Guillaume Marume, Medecin Directeur and Dr.Kundo Shemahamba Peniel, Medecin Chef de Staff; five nurses; a midwife; a pharmacist and a laboratory technician. Quaker Congo Partnership pays half the staff salaries.

The nurses are qualified as are the two doctors; the midwife, too, is qualified and she works with two 'mamans,' since many village women do not trust a young girl, who has no children of her own. It was not clear to us whether the 'mamans' were paid, or whether they were receiving any formal training.

The laboratory technician is unqualified and is therefore unable to do anything other than routine blood and stool tests, and tests for AIDS, hepatitis B and C, and syphilis. Were he better qualified and able to carry out more sophisticated tests, there may be less need to transfer patients to Nundu, Uvira or Baraka, with the consequent potential for loss of life. The pharmacist is likewise unqualified, but this did not appear to pose quite such a problem as the technician. Training for both these posts would be in Bukavu, at an approximate cost of \$700 per person for each of 3 years.

There was also talk of the need to employ other specialists at the hospital – a paediatrician, a gynaecologist/obstetrician, a surgeon, an anaesthetist.....and we suggested a psychologist.

The Infrastructure

There are three main buildings now in use:

- The first is the main administration building, which houses the reception, the doctor's consulting room, the laboratory and the finance and administration. Previously the pharmacy was there as well, but that has now been moved up the hill, adjacent to the mission house, partly for security reasons and partly to give more space for the administration function.
- The second is the old hospital, which houses the paediatric department and male and female internal medicine
- The third is the new building provided by CRS (Catholic Relief Society), which divides into two, with two separate entrances:-
 1. the maternity unit, including labour ward, delivery room, and mother and baby ward and
 2. the operating theatre

Equipment/Medicine

Equipment is basic, but despite this a recent evaluation report affirmed that the CHA offers 'un paquet complémentaire des activités' i.e it is functioning at the second tier level (as it is meant to do) offering 21 beds and a package of care. There is a need for such basic equipment as scissors for cutting the umbilical cord and sterilisation kits, as well as the ultrasound machine, which heads the doctors' wish list.

The pharmacy was a revelation compared to 2008. To our eyes it appeared to be well stocked, thanks we were told, to the funds provided by the QCP and also medicines brought in from America by a member of Evangelical Friends Church International, known only as Dr. Kevin.

Vaccinations/Mosquito Nets

There is a vaccination programme for all pre-school children 0-5yrs. It is free and compulsory; apparently vaccinations take place all over Congo on a Wednesday! The vaccines are collected on the day they are to be given from a central site and the hospital is paid a nominal sum for providing the service.

We were also told that mosquito nets are given to all pre-school children and to pregnant women.

Water/Electricity

The lack of water and electricity supplies is clearly of major concern.

The acquisition of the new generator, a gift from the Cody's (former EFCI missionaries in Abeka) has meant that there is light for a few hours in the evening and also if it is required for urgent medical intervention during the night. But it is costly to run and depends on the availability of the fuel. It should only ever be regarded as a back-up, not as the prime source of energy.

The single solar panel functions well, but the battery is apparently reaching the end of its working life. The installation of more solar panels and a supply of batteries to go with them should be a priority.

Of even more importance, perhaps, is the need to provide running water. The hospital at present relies on a large rain water butt and on water carried (on the head) from the river. The evaluation report said bluntly 'on ne peut pas parler de l'hygiène sans l'eau.' A recent survey, carried out at the behest of CEEACO, estimates the cost of bringing drinking water from the nearest source to the village (a distance of 7500m) at \$83,436, although it has been suggested that it could be done for nearer to \$65,000, for the hospital alone. Clearly running water is a priority if the hospital is to continue to grow and expand.

In summary

Clearly the money the QCP has provided to fund half the staff salaries, medicines and fuel for the generator has made a huge difference to the hospital, which as a consequence has attracted funding from Tear Fund and Oxfam for the latrines, and from CRS for the new maternity and operating block, the water butt, the solar panel and the battery. The whole package has led to a huge increase in staff morale, which has resulted in a much more professional service.

The Trauma Clinic Peace Garden (TCPG)

Background

In an area effected by war, violence and rape a project that is engaged in mediation, peace building and trauma counselling is clearly of prime importance. In addition to this, the project also offers financial support to children orphaned by violence.

Our first visit was to Makebola, a small township where in 1998 over 900 men, women and children were massacred in two hours. The need for counselling as a result of this trauma is enormous, as is support to orphans and widows.

The children, staff and villagers gave us a tremendous welcome as we walked up the path to the small house, where there is an office and listening room. There was exuberance and vibrancy. There was singing and netball. They told us about their work: one to one, with groups, in schools, and awareness-raising in villages. There were flipcharts with information all over the walls.

Two days later we went to the TCPG larger building in Abeka and had another very professional presentation. We were introduced to more people who had benefited and more

counsellors. The training (for which QCP had paid) provided by THARs and HROC (two voluntary organisations, with close links to Friends), had clearly been much appreciated by the counsellors.

The work

TCPG delivers its programme through around a dozen counsellors based in the various villages surrounding Abeka. There are listening rooms in several villages including Makebola, Abeka, Lulinda and Abimbwe. There are systems in place to help with planning, recording, monitoring and evaluating the work.

The presentations at both venues gave us information both verbally and in writing of their work.

Examples:

- Case worker/advocate for children at school, who makes sure there is progress with learning and finds out if there are any issues in terms of relationships with other children and teachers. S/he works with the teachers to make sure there is understanding about the long-term impact of trauma.
- After-school and weekend activities are organised for the children such as sports, creative activities, drama, singing
- Counsellors visit people in their own homes
- They run peace-building workshops following HROC and THARs principles
- They carry out awareness raising sessions in villages and schools
- They do one to one counselling
- They facilitate a peer mentoring scheme with children and young people

The TCPG (through the QCP) is currently providing financial support in the form of school fees for 19 children in secondary school (10 boys and 9 girls) and 8 children in junior school (5 boys and 3 girls).

The numbers of clients receiving counselling for January – March 2012 were 36 new people and 27 ongoing.

Two pieces of work particularly impressed us:

1. A presentation as part of the celebration: this was a powerful drama on rape acted out by the children and young people. They covered issues such as the risks faced by women going out to fetch firewood, the stigma attached to rape, the need for support for the woman concerned and also the impact it has on the children.
2. The work undertaken by the Tribune des Enfants, enabling children who have been traumatised to speak out and make their voices heard

Plans for Future Work

Asked what they saw as their priorities for the future, the staff of the TCPG talked about the need for

- Training materials on non-violence and peace in French, especially for children
- More training for themselves
- Additional clinics and listening rooms
- Support to enable young people who are leaving school to get a trade

- A qualified psychologist

In addition they would like to

- Be able to help children and others understand rumours and learn how to heal memory.
- Work with children and their parents where there are drug problems
- Continue to work with women who have been raped and where needed refer them to the CHA
- Increase the number of children supported by payment of school fees from 27 to 55.
- Build a centre for women with psychosomatic illness on the foundations by the lake

In Summary

The trauma counselling has gone from strength to strength since the last visit in 2008. The training paid for by the Radley Trust and delivered by THARS and HROC has clearly made a major impact. The counsellors are rightly proud of their work and anxious to develop it further; many of those with whom they are working are not afraid to speak out and to tell their stories and there is a general air of vibrancy, creativity and enthusiasm around all those involved in this work.

Micro-Credit Scheme

Background

The microcredit scheme was an initiative that resulted from our visit in 2008 and was not building on previous work, as was the case with the other two projects. Bridget Butt (our former consultant) did her best to arrange training sessions and to set it off on the right track, but there were constant problems with the supervisor, who had a lot of illness, and as a result of lack of supervision, repayment was patchy and the scheme did not get off to a good start. None the less it was obvious from the reports received, that some women really benefited from it.

In 2011 new supervisors were appointed Mado Etando and Andjelani Kisubi. They are determined to make this scheme work and have made a real attempt to get in the repayments. They have now collected the sum of \$1600, which is deposited in the bank.

Meetings

Catherine and I spent an afternoon with 18 members of the women's forum in Abeka. Six of them were beneficiaries of the microcredit scheme. In contrast to Hazel's previous experience, no men attempted to join the party and a woman did any necessary translation! Amongst those present were 2 Methodists and a Catholic. All six recipients of microcredit told their stories and we then discussed with Andjelani and all those present how they would like to see the scheme operate in the future. We took their suggestions to a second meeting in Uvira where, because of the weather and our late arrival, only one recipient was present, but we were none the less able to discuss and refine the scheme that we had devised.

Recipients' Stories

These were told with much feeling and some in considerable detail, though it was not always easy to follow. Here are some highlights:

- One woman, a widow with four children, made flour from ground manioc and sold it; she is trying to build a house; she has paid back the loan and has \$20 in hand having done so; a larger loan would have enabled her to make more and perhaps realise her dream of building a house
- An elderly woman had used her loan to sell palm oil – she had used the money for her children's education
- Another woman had used her money to buy haricot beans from some distance away, which she had then sold in the village; her capital was still intact and she was full of praise for the scheme
- One woman had used the money to buy petrol and sell it on, she is still doing small trading, but said that the money was not enough to pay the school fees
- A fifth woman was selling palm oil and said the money had helped her a lot and she was doing well

Discussion

There was general agreement that \$50 is not really enough to enable an enterprise to get off the ground, particularly when it has to be paid back with interest within 6 months (this tallies with other discussions we had, with Friends running schemes in Burundi and Kenya. It would appear that \$70 is an acceptable minimum starter loan)

All the women in Uvira have re-imbursed and most of those in Abeka likewise. There was a suggestion that good payers should be allowed a larger loan next time round.

We put forward the idea that the loans should be to groups; that each group should be self-selecting and that the members be responsible to each other for repayment of the group loan.

This suggestion was seized on with enthusiasm – they already work together co-operatively in the atelier and in the women's field and they could clearly see it working.

There was also considerable discussion about the geographical area covered, and the time and the costs involved in providing supervision and training and it was reluctantly agreed that it did not really make sense to continue to operate over such a wide area and that in future it would be better to confine operations to Uvira, Abeka and the villages in between.

We were both impressed by the thoughtful way in which the women approached the discussion, their realistic attitudes and their determination to make the microcredit scheme work in the future. Since we had been given the discretion to agree to the release of any microcredit money in the bank, if we thought it right, we agreed with the women and the supervisors that the scheme could now re-start, operating under specific guidelines:-

- The scheme to operate in Uvira, Abeka and villages between the two
- Women wishing to participate to form groups of between 4 and 6 people
- Before receiving any money, all group members to participate together in a training programme.
- Each group to have a president and a secretary
- CEEACO to give the loan to the group – not more than \$100 per woman who has already participated, not more than \$70 per woman participating for the first time.
- A woman who has already participated in the scheme and has not repaid, not to be allowed to re-join
- No interest to be charged
- All the money the group has received to be re-paid within one year and preferably within 9 months. The group itself to decide, in consultation with the supervisors, how much each woman should repay each month.

- The scheme to begin with the \$1600 already in the bank, as soon as the first group is formed and has had its training

We heard last week that the first of the new groups has now formed and training is being organised.

So.....that is the story so far.

The Quaker Congo Group Committee meets over the week-end of June 8th, 9th and 10th in Manchester, to consider the full report in depth and to decide on the way forward for the next three years.....watch this space!