



ACTIVITY REPORT 2020 THE CHILDREN OF PANZI AND ELSEWHERE



I. Continuation of activities on Equity

EPA's 2020 activity was dominated by the Covid 19 pandemic. Regular activities specific to the third year of the program began in January thanks to funds raised from private donors through the King Baudoin Foundation and our own bank account. Until March 2020, the hundred or so children of the program in the villages of Kavumo and Bunyakiri were followed by home visits and the organization of monthly therapeutic playgrounds. The third year of the EPA therapeutic protocol marks the end of a therapeutic cycle as the conflict situation in the region moves towards peace and the psychological state of the children, families and communities stabilizes positively. This final year prepares the children in the program to become independent and to envision a positive future, built on realistic projects. The first quarter of this third year started normally but changed abruptly at the end of March 2020 following the declaration by the central government in Kinshasa of a compulsory confinement due to the worsening of the pandemic.



II. The sudden irruption of the covid-19 pandemic in this fragile context

The pandemic that has been raging around the world, officially since February 2020, has unfortunately not spared the DRC, which is already facing many other challenges. The state of emergency declared on March 24 by President Felix Tshisekedi cannot be followed by containment measures similar to those taken in Europe. They are practically impossible to implement and seriously compromise the survival of the already exhausted population, which is dependent on every dollar harvested daily in the field or on a local market. In Panzi, under the impetus of Dr Mukwege, the hospital has become a reference center for the covid-19 epidemic. The hospital was reorganized to receive infected patients, and staff were trained in protective measures. The Panzi Foundation in collaboration with the hospital organized prevention campaigns in Bukavu and distributed masks made by the women of the Dorcas house. In Kavumo, a village that has been scarred since 2015 by a large number of rapes and rapes of very young children, followed by the trial of the main culprit accompanied by threats to the families of the victims, the traumatized community was barely recovering. The appearance of Covid-19 in this fragile context fell like a knife. The families were afraid, not only for their lives but also for their economic survival. The small victims of the EPA program no longer went to school and no longer benefited from a specific appropriate follow-up, such as the one in place since 2015. The team of psychologists and psychosocial assistants trained by EPA Belgium in the field tried to compensate for the absence of therapeutic playgrounds by more frequent home visits. The psychologists supported the families in distress and the children whose symptoms of post-traumatic stress (anxiety attacks, depression, sleep disorders, behavioural problems, etc.) resurfaced. Intra-family violence also became widespread. Our field team requested emergency assistance to accompany the children and communities in the three villages. EPA responded with its own means in the absence of other external funding. In addition to additional training from our team in Belgium on covid 19 and stress and anxiety management, the team needed means in the field to visit the families more regularly, to ensure a weekly follow-up of each child, to launch prevention campaigns and to provide protective equipment.

EPA sees the end of this year 2020 with relief. Thanks to the numerous home visits, the children in the program have been able to regain peace and stability. The psychometric tests carried out after these three years of therapeutic care by the EPA protocol show a significant improvement in the indices which allows all the children in the program to participate in the end-of-year ceremony with the awarding of a resilience diploma.

These children and their families will now be monitored once a year for a period of 5 years.

The other good news of this end of year 2020 is the granting of new funding allowing us to continue to follow the children of the program if necessary (decompensation or new trauma) and also to begin phase 2 of the program with the care of children from rape in the same villages of Kavumo and Bunyakiri. The program will last three years and will follow the slightly modified protocol of therapeutic games and home visits.

III. Objectives and results achieved at the end of these 3 years of care



- Improvement of the psychological health of about a hundred very young girls who are victims of sexual violence in eastern DRC, to enable them to begin a process of resilience, while including secondary victims such as mothers, families and communities in this psychological reconstruction.

- Improvement of the care capacities of a Congolese psychosocial team, with little or no training up to now in the psychological care of children. This capacity building has followed three tracks. The first is training in basic clinical concepts to understand the damage caused by post-traumatic stress. The second is the release of psychology from harmful practices, stereotypes and moral judgements, which inhibit the victim's release and his or her chance to rebuild. The third is to set up a piloting by measurement, i.e. a quantitative follow-up of the children's state, regular and based on psychological instruments. The Pentagon of Equilibrium; the ESPT scale for children, measuring trauma through life events, the parental distress index and the dissociation scale were used. The aim is to monitor the effect of the therapy installed and adjust it if necessary.

- Development of a playful therapy method, inspired by Jernberg's Theraplay in the United States in the last century, but largely supplemented by other instruments. For example, home visits by Congolese staff to the victims' families, to provide psychoeducational counselling, to strengthen the child's attachment to its mother, and to carry out individualized therapeutic work. In addition to these two facets (collective therapeutic play sessions and home visits), EPA organized the supervision and schooling of the poorest victims, provided an allowance to the mothers of the victims so that they could prepare monthly snacks on the playgrounds, strengthened the community's involvement in the organization of the games, and made it possible for other girls from the village to attend the play sessions, each time a new game was played, in order to avoid jealousy and stigmatization.

Collective play therapy is now structured and constructed. It is intended for very young children from 0 to 10 years old. It is, subject to contextual adaptations specific to each intervention environment, transposable to other contexts.

IV. In conclusion

Concrete results were recorded at the end of this phase 1 of the project. These results are :

- The development of a method of play therapy for victims of sexual violence at an early age, validated on about a hundred children, and transposable to other contexts.

- The training of a Congolese psychosocial team with a basic practice of caring for child victims of sexual violence.

- The improvement of the mental health of the victims, whose state of distress is gradually stabilizing, as well as the improvement of the social level of the victims' families.

The psychological reconstruction of child victims of sexual violence is a long-term task. All psychological studies attest to this. Families have difficulties in helping these children and it is impossible to abandon these girls today to their fate. They need help, and they are entitled to it:



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protecting them is an international responsibility. When they grow up, their passage to adolescence and their sexual fragility will require a different kind of support than play therapy. Initiation to sexual life should begin at the age of 10.

Expansion to other geographical contexts and other target audiences is now possible, given the results achieved. It is also necessary. Indeed, failure to expand to new beneficiaries would expose the small experimental group to stigmatization, or even endanger it by making it appear 'privileged'. There are thousands of rape victims in South Kivu. The first expansion currently being considered by EPA is to include children born as a result of rape, who are extremely numerous in the region, including in the Kavumo and Bunyakiri sites.

Scale-type assessment instruments are not the basis of care, but are necessary for any measurement-based management. They are all the more necessary because they can form the basis of a common protocol for all those who take care of child victims of sexual violence. In this project, we limited ourselves to four instruments: the Pentagon of equilibrium created for psychosocial assistants, the ESPT trauma scale for children, the parental distress index and the dissociation scale used by psychologists. These tools have been adapted to the African context.

The EPA/Panzi team aims to become a center of excellence in the care of child victims of sexual violence. It is on the right track today because the methodological progress made over the last two years is impressive. However, it still needs to progress towards autonomy, control and choice of its methods, and criticism of its mistakes. Only when it has passed this milestone will it be fully functional. Its training, thanks to the regular missions of the EPA/Belgium team, remains a priority objective of our association.

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