

# ACTIVITY REPORT 2021





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fter a second year put at risk by the Covid 19 pandemic, the non-profit organization Les Enfants de Panzi et d'ailleurs has managed to organize itself to continue its activities and its action on the ground. New ideas, new projects have emerged, and quite naturally new forces have joined the existing team. EPA keeps opening new horizons and promises only encouraging prospects



# THE NON-PROFIT ORGANIZATION "THE CHILDREN OF PANZI AND ELSEWHERE" (CPE)

#### a. Presentation of CPE

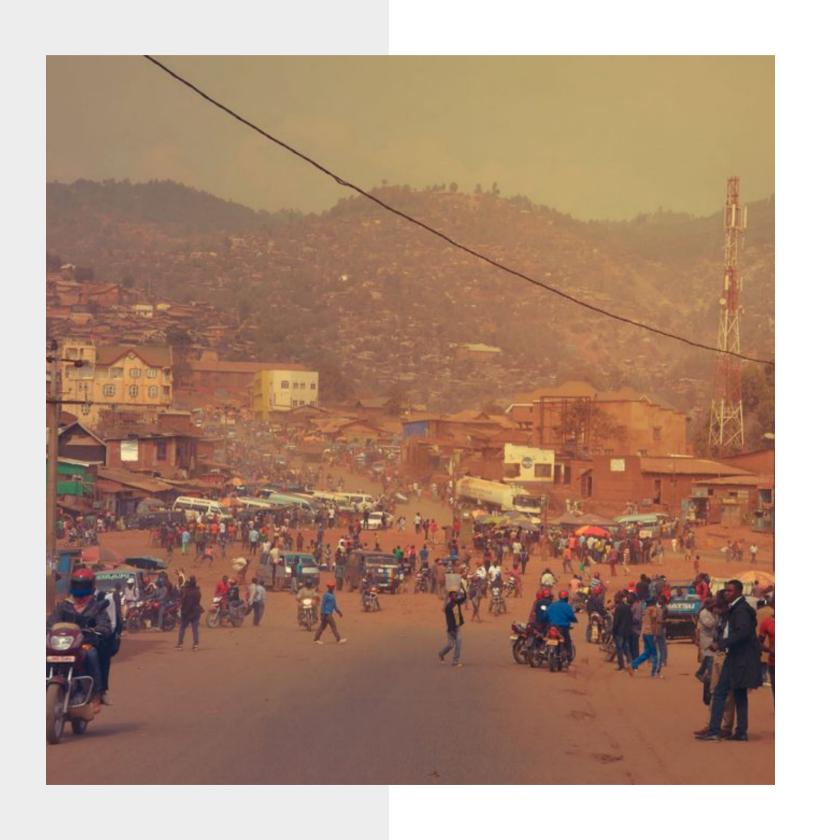
The association *The Children of Panzi and elsewhere* (CPE) was created in 2015 in response to the desperate call of Dr. Mukwege (Nobel Peace Prize 2018) to provide psychosocial support to very young children victims of sexual violence and their families in the regions of South Kivu where rape is used daily as a weapon of war.

Founded by four women with different political sensitivities, but with the common thread of being touched by the situation of child victims of sexual violence in armed conflict, Véronique De Keyser, Isabelle Durant, Marie-Dominique Simonet and Cathleen de Kerchove started the project in close collaboration with Dr. Mukwege, and the Panzi Foundation. An innovative model of delocalized and holistic care was conceived and created by Professor Véronique De Keyser and Cathleen de Kerchove. This experimental model has since been validated by the DCPErtment of Clinical Psychology of the ULG.

The actions of the association respond to the needs expressed in the field with a total respect of the local cultures and communities. The young victims of sexual violence and/or those born of such violence are supported and accompanied by a local team trained in individual therapy such as EMDR and group therapy "play therapy" by the CPE team in Belgium. This individual, group, community and school accompaniment over a minimum period of three years allows the young victims to rCPEir their traumatic wounds and to envisage a possible future integrated into their family and community.



#### b. General context



The Democratic Republic of Congo (DRC) has been experiencing political and social instability for several decades. The violence of armed conflict, especially in eastern DRC, has been terrible for the women of Kivu; Bukavu has been called the "rape capital of the world" (Wallström, 2011). South Kivu is one of the most dangerous places in the world for women and girls (Letherman, 2011; Wallström, 2011).

Sexual violence used as a "weapon of war" to humiliate, inflict terror, and destroy communities (Kaste, 2015; Awa, 2012), has very long-term consequences. Not only are women and girls forever scarred, but also the children born of these rapes find no place in the community and have a more than uncertain future. Recent studies estimate that 40% of women in eastern DRC have been sexually abused and that 17% of them have given birth to children born of rape (Rouhani et al., 2015; Burkhardt et al., 2015).

#### c. CPE's mission

We already know the tremendous work of surgical reconstruction of raped women undertaken by Dr. Mukwege. Many of these women and young girls who have been raped are taken care of as soon as they leave the hospital by different projects offering them psychological support and legal assistance so that these crimes do not go unpunished, as well as help with their socio-economic reintegration.

On the other hand, very young children, when they reach Panzi, receive the necessary care from the doctor who often tries the impossible to save their small bruised bodies. These young victims are then sent back to their village, where the numerous siblings wait impatiently for the return of the mother accompanying the child. It is not uncommon for them to be ostracized by their families and communities and to be sexually abused again in the months or years that follow. Surgical and medical care does not allow the child to heal her traumatic wounds.

The psychological trauma following a rape is immense and can occur after long latency periods. There are few clinical psychologists in Kivu and there are no specialists in the care of children. Families often live in villages far from Bukavu and their poverty is extreme. Going back to see a doctor would represent an unbearable financial cost. And yet, deprived most often of any future in their family, of any possibility of maternity, given their mutilated body, these girls also have the right to a future and to justice for the crime they have suffered.

CPE's other priority is the care of children born of rape. Like children who are victims of sexual violence, these children and their mothers need adequate psychological care in order to cope with their traumatic situation. It is crucial to help the mothers to create an attachment bond despite what the child represents to them.

These children born of rape have no rights, are not registered in the National Registry and therefore have no access to schooling, are rejected by their community and often even by their own mother. Born of unwanted pregnancies, these children are a real difficulty for their mothers and family members who are forced to bear the responsibility of raising a child

never wanted. They are called bad luck; constantly stigmatized, judged and mocked. As a result, children born of rape experience multiple traumatic situations throughout their lives, which jeopardize their future and compromise their chances for development and growth within society.

At the beginning of 2016, CPE set up a therapeutic program for three consecutive years with an innovative therapeutic protocol for a first group of 100 child victims of sexual violence. Strengthened by its experience and the positive results obtained after these three years, and thanks to the financial support of the MIMB Foundation, the association organized in 2020 the care of another group of about one hundred children born of rape.



#### d. CPE's objectives

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To strengthen the mother/child bond as early as possible and reinforce family and community ties.

To enable the child born of rape to develop his or her identity, self-confidence and emotional ties and strengthen their personal resources and social support.

To validate therapeutic approaches through quantitative and qualitative measures of progress.

To maintain the psychological well-being of Congolese staff.

To fight against isolation,
rejection and
stigmatization of the raped
mother and child by
anchoring them in their
history and community. To
organize prevention
campaigns for the
maintenance of peace and
gender equality.

4



First, the CPE Belgium team provides ongoing training to psychosocial workers in the DRC who take care of child victims in the villages around Bukavu. These caregivers are confronted with children and families in severe psychological distress. They generally have little or no training in the psychotherapeutic treatment of children and families. They have very few resources and no tools for assessing psychological distress. The CPE Belgium team addresses these shortcomings by organizing virtual and field training days for more than five years.

Psychometric scales are used to evaluate the evolution of post-traumatic stress syndromes among the child and the distress among the parent. Thanks to an adapted psychotherapeutic holistic support, the little victims strengthen their resources, their identity, their self-esteem and can progressively heal the deep wounds left by the trauma they suffered.

In such a different cultural context with poorly trained local caregivers, the existing psychometric scales are sometimes difficult and complicated to use. Professor Véronique De Keyser and Cathleen de Kerchove have designed a rapid diagnostic instrument for a child's balance on 5 axes: the Balance Pentagon. Validation experience with PSAs showed that it was simple enough to be used by them when following up children in their families. Play therapy games and books were also brought by the CPE Belgium team with the instruction to complete them with local games, made and designed locally and purchased by CPE Panzi, in order to support the local economy.

#### e. CPE's approach

#### e. L'approche d'EPA



In a second phase, the CPE Panzi team organizes home visits. These allow the therapists to meet the child in his environment, to witness his interactions with his family, to propose psycho-education to the parents and individual therapeutic interventions if necessary.

Along with these home visits, therapeutic playgrounds are organized with children born of rape, mixed with children who have been sexually abused and children from the village. By forming a group composed of children from different backgrounds, any form of stigmatization is avoided. A bond of trust was quickly established with the CPE Panzi team thanks to the information sessions previously organized for parents, teachers and local authorities. During each therapeutic playground, different themes are tackled in a structured and methodical way in order to help the child progress towards a resolution of his traumatic injury and a reconstruction of his identity which will allow him to have a possible future within his family and his community.



The CPE project is structured as follows: A local CPE Panzi team composed of a coordinator (Sifa Ntamwenge) based at the Panzi Foundation in Bukavu, a psychologist (Rosetta) assisted by a psychosocial assistant (Anna) in the village of Kavumu and another psychologist (Shekina) assisted by a psychosocial assistant (Wivinne) in the village of Bunyakiri.

During the therapeutic playgrounds, the CPE Panzi team asks the mothers of the victimized children to take turns helping them prCPEre a balanced meal for the fifty or so children. This activity allows the mothers to earn a small amount of money in order to start an income generating activity to get the family out of the extreme poverty in which they find themselves. The coordinator, psychologists and psychosocial assistants are contracted by the Panzi Foundation. A pedagogue has joined the team to supervise the children's schooling and to organize prevention activities in the different villages for the local communities and teachers.

The CPE Belgium team supervises the work of the local teams every week through a meeting with the project coordinator and every quarter by organizing a supervision meeting with the whole team. This is a time for exchange and sharing of clinical cases and difficulties encountered in the field. he data collected in the field are encoded and analyzed

by psychology professors from the ULG (Université de Liège). These data are essential to follow the evolution of the children and to verify the effectiveness of the methodology. The children are evaluated with psychometric tests at the beginning, halfway through and at the end of the program.

A quarterly audit of expenditures is organized by the treasurer of the project in Belgium. She refers to the financial statement issued by Panzi's accounting dCPErtment to justify the expenditure of the advances paid quarterly to the Panzi Foundation. Supporting documents are attached to it

#### e. L'approche d'EPA







#### **CPE'S IMPACT ON THE GROUND IN 2021**

Over the course of the year, insecurity continued to grow in and around the city of Bukavu. Several sudden attacks occurred in quick succession. For example, on the night of November 2 to 3, militias entered Bukavu and attacked the center of the city, shooting wildly and killing several people including a five-year-old child who eventually succumbed to his wounds in Panzi hospital.

In response to this unstable climate, many soldiers have come down from Kinshasa and are touring the streets of Bukavu. It is important to note that while the military represents a certain security for part of the population, for another part they represent a certain danger, especially for children who are victims of sexual abuse. The traumatic wounds anchored in their memory resurface, as well as their anxieties, their fears, their nightmares. These children are in urgent need of attention and increased psychotherapeutic support.

In addition, the situation of Covid 19 did not make things easier. Many children did not have access to adequate care and sometimes did not have the opportunity to go to the therapeutic playgrounds organized by CPE. They were forced to stay at home, where they were sometimes abused. Several children suffered from traumatic reliving without any supervision. More regular support and accompaniment at home was necessary.

#### b. Evolution of the project

Since January 2021, CPE's psychosocial team has identified and listed about 100 children born of rape in the villages of Kavumo and Bunyakiri. Information meetings were organized and with the agreement of the parents and the local communities, therapeutic activities with the children could begin. The bonds of trust established during the sessions allowed the registration of each child in the National Registry and the start of bonding activities with the mothers.

Each therapeutic playground organized by the local teams of psychologists and supervised by the project coordinator was an opportunity during this first year to work on attachment, identity, belonging to the group and reinforcing self-esteem. These activities are part of the three-year program designed and developed to accompany the child in his resilience process. The children are now familiar with the group, the team of psychotherapists and the methodology and are evolving positively. The mothers are amazed to discover their child's potential and their previously unknown skills and talents.

The teachers of the children in the program are regularly encouraged and taught to identify and understand the signs of the aftermath of trauma so that they can respond appropriately.

An awareness session around the theme of *International Children's Day* and *International Day for the Elimination of Violence against Women* (November 20 and 25) was organized by the project coordinator for parents and the local

community.



Thanks to a close collaboration with the ULG, CPE was able to continue the analysis of the data collected in the field. As a result, it is possible to observe the influence of parental distress on the child's resilience process and the impact of the methodology applied by CPE after one year. These observations and the results obtained at the end of the three years with the first group of children encourage the CPE teams to continue their action in the DRC and to consider exporting the methodology to other countries such as Iraq or the Central African Republic.



#### **FUTURE PROJECTS**



#### a. In DRC

In January 2022, EPA will begin its second year of therapeutic care for children with the CPE protocol.



#### b. In Irak

CPE is evaluating the possibility of expanding its activities. In September, Cathleen de Kerchove and Mireille Monville (UCG/ULG) went to Iraq where they gave several trainings in the framework of a project financed by the Mukwege Foundation. This mission was successfully completed. On this occasion, the needs for the implementation of a program like CPE in the DRC were expressed by different NGOs on the spot.

Today, a needs assessment is underway to possibly organize an CPE program in the camps. There is an urgent need to advocate for Yezidi children born of rape to have access to an identity and to be reunited with their families. CPE is actively seeking funds to continue its mission of exploration.



#### c. Elsewhere

Discussions are underway with the Mukwege Foundation to support teams in building capacity to care for child victims of severe trauma in the Central African Republic and Burundi.



### PROJECTS & DEVELOPMENT IN BELGIUM

#### a. Expansion of the team

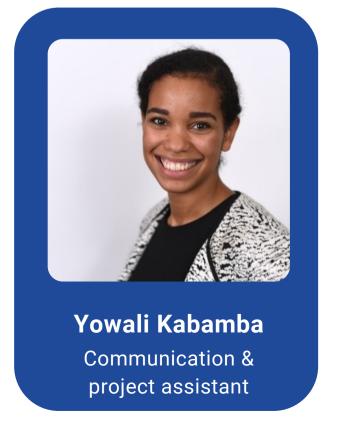
On October 1st, the CPE team welcomed two new members. Ombeline Castelein, the first official employee, joined the team on a part-time basis as a communication and project management assistant. She is in charge of the promotion of CPE on social networks and other means of communication and participates actively in the development of the project. Aude Lemaire also helps as a volunteer with legal support and fundraising. Her knowledge and affection for the Congolese country is a real asset for the team. Finally, on December 1st, Yowali Kabamba also joined the team. Her professional experience in the associative field is a great asset for the association.













#### b. Mission in DRC

After long months of restrictions due to the Covid 19 crisis, the Belgian CPE team was hoping to finally be able to visit the local team. Since November 2019, interactions with the teams in the DRC could only take place virtually, while it is extremely important to maintain frequent physical contact to support and motivate the responders, oversee the smooth running of the program, and intervene in the holistic care if necessary. Unfortunately, due to the current circumstances, the trip originally planned for December had to be postponed. If the security and health situation allows it, the team is planning this mission for January 2022. The purpose of this mission is to strengthen ties with Panzi and the local teams, to build the capacity of psychologists in the various programs, and to oversee the organization of a therapeutic playground.

In the meantime, supervision and knowledge building sessions have been organized online to make up for the face-to-face mission.



#### c. Partnerships

Many partnerships and collaborations are being developed with CPE, in particular with the Mukwege Foundation, the Chaire Universitaire de Liège, the Chaire de Philosophie de l'Hôpital (CNAM and GHU Paris) and Médecin du Monde DRC. CPE has been invited to present its activities during the Anger Festival organized by the Association Femme d'ici et d'ailleurs - which will take place from March 8 to 12 on the occasion of International Women's Day.















