

PPSSP

Programme de Promotion des Soins de Santé Primaires

Hope out of conflict – How sanitation plays a vital role in protecting women and children from sexual violence in DRC

Working in the North-Kivu province of DRC, the Programme de Promotion de Soins Santé Primaires (PPSSP) takes an innovative approach to addressing the needs of women and children. Sexual violence is a common tragedy facing women and children, and recent estimates suggest 48 rapes occur each hour in DRC. Diseases, such as cholera, diarrhoea and nematode infections resulting from poor water, sanitation and hygiene are also commonplace in the area.

The links between sanitation and sexual violence become apparent when, due to lack of access to private latrines, women faced no choice but to walk outside of their village, often at night, to defecate – increasing their exposure to sexual violence. PPSSP have responded with an integrated and holistic approach. Adopting a CLTS approach, and working in schools and health clinics, maternal and child health in the area has improved, and the increase in household latrines have reduced the vulnerability of women. In addition, through establishing community protection committees, survivors of sexual violence are able to speak out, receive counselling and seek justice.

INTRODUCTION TO PPSSP

Based in the Democratic Republic of Congo, the Programme de Promotion de Soins Santé Primaires (PPSSP) was created in 2002 as a consortium of three faith based organisations; the Evangelical Medical Centre of Nyankunde (CME), the Evangelical Community at the Centre of Africa (CECA-20) and the Panafrican Institute for Community Health (IPASC). Following the inter-ethnic conflicts in Ituri district, the civil war, and the politico-economic crises which were prevalent in eastern Congo, these 3 organisations had to flee north towards Beni after the destruction. They joined together to form an emergency and relief programme to more effectively assist the displaced people.

In January 2007, PPSSP was granted an official recognition by the Government as a national NGO. It's registered under number 020/CAB/MIN/J/2007 with the Ministry of Justice in Kinshasa. PPSSP headquarters is at Beni, North-Kivu, Democratic Republic of Congo.

The insufficient water supply compromised hygiene standards of residents leading to the outbreak of water borne diseases. A case in point is the outbreak of cholera in Zimbabwe which claimed about 4000 lives in 2008 / 2009.

PPSSP's methodology within this integrated programme uses community-based, participatory approaches that could be replicated across different areas within DRC. For this to work, it is important to gain the involvement of the local authorities and the trust of the community.



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The model could equally work in countries similarly affected by gender-based violence and a lack of adequate access to water, sanitation and hygiene. So far this work has been relatively small in scale, but there is potential for scaling-up.

AREAS OF SPECIALISM

- **Health:** PPSSP focuses on preventive measures including community based nutrition, reproductive health, school medicine, HIV/AIDS prevention, endemic and epidemic diseases prevention.
- **Water, sanitation and hygiene:** water sources protection, borehole drilling, water chlorination, construction of basic sanitation infrastructures (latrines in public places including schools, hospitals and health centres, car parks, markets, construction of placenta pits and incinerators in hospitals and health centres as well as showers, washing basins, etc) and have started to use the CLTS approach. These activities are all accompanied by health promotion activities. Their work supports the statement of the eThekweni declaration commitment 'To give special attention to countries which are emerging from conflict or natural disasters' in terms of sanitation and hygiene.
- **Trauma Counselling:** psychological support to victims of sexual violence, internal displaced people, people living with HIV/AIDS, medical assistance to victims of sexual violence, socio-economic reinsertion for victims of sexual violence and other vulnerable women and girls.

INTEGRATED APPROACH

Based in Kainama village, located in north-east of the Oicha health zone in North Kivu province, PPSSP integrate their specialist areas in a project that addresses some of the most devastating realities for women and children, resulting from the war. The population is estimated to be 7348 in addition to internally displaced people in the area.

Sexual violence is a common tragedy facing women and children in DRC and recent estimates suggest 48 women and children per hour are raped in the country mostly by armed groups as well as civilians. The correlation between rape and HIV spread has been demonstrated in several cases. Some reports estimate that 20% of raped women were HIV positive. Diseases such as cholera, diarrhoea and nematode infections resulting from poor water, sanitation and hygiene (WASH) are also commonplace in the area. The links between sanitation and sexual violence become apparent when, due to lack of access to private latrines, women faced no choice but to find private places to defecate, often at night and considerable distance away from their homes further increasing their risk of sexual violence.

Through recognising the inter-connected health and WASH issues facing women and children in this area, PPSSP responded with an innovative and integrated approach.

PPSSP work with local communities to construct latrines at health centres and schools – accompanying this work with hygiene promotion and establishing latrine maintenance committees. They also work with households, mobilising them to build their own latrines – in some instances providing SanPlats. More recently PPSSP have started using the CLTS approach. They also constructed spring protection at water sources and established water point committees.



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PPSSP place a strong emphasis on behaviour change and awareness across these different areas including:

- Sanitation and hygiene – encouraging own latrine construction and usage and handwashing with soap
- Public health issues
- Human rights awareness
- Gender based violence awareness
- HIV/AIDs awareness

In order to address sexual violence in the community, PPSSP mobilise community protection committees. Committee members include both men and women, church members, and a representative from the local authority. More recently the police have increasingly had a role on the committees. The purpose of the committee is to raise awareness of sexual violence and its impacts in the community, denouncing any abuse of human rights. They provide a first point of contact at a community level to analyse rape allegations, and decide if it can be dealt with at a community level. If this is not the case PPSSP assist the committee with getting medical and psychological help for the victim and getting a local judiciary involved.

The involvement of women is fundamental to the whole process from the identification of water springs, to being part of water point protection committees, and community protection committees. They participate in community sensitization, mobilisation and participation. This approach has enabled more victims to speak out about sexual violence.

CASE STUDY – SAVED FROM DEATH

Mrs Kavira lives in Mukanza village, in Eastern DR Congo. She was suicidal due to the many problems she was facing and felt very much despised. She suffered rape by rebels, two of her children died from diarrhoeal diseases and her other children were constantly having to be admitted at the health centre due to malaria and diarrhoeal diseases.

Given her life context, she was one of the beneficiaries of PPSSP's integrated project in Kainama. She first received psychosocial counselling, health, sanitation and hygiene promotion. The Mukanza nearest water spring was protected as she was raped when she was going to fetch water from the unprotected source. Her younger child is from that rape. Due to PPSSP's counselling services and health promotion activities, Mrs Kavira and her kids feel happier and healthier. They drink potable water, have a latrine and sleep under treated mosquito bed nets. PPSSP ran CLTS and has a result her village was certified open-defecation free. She herself has gone onto to become a renowned counsellor in her village community. As she was telling her story she deeply cried and said *"If PPSSP came before, my children wouldn't die. But thanks God that I am alive today"*.



IMPACT

Taking an integrated approach to this project has led to a measurable impact of far reaching results. Prior to this project, in 2009 only 20% of the local population had access to latrines, 60% had access to clean water, there was no system for waste management. Victims of rape did not have access to medical and psychological support and marriage of underage girls was acceptable by all. In April 2011, following the implementation of the work outlined above, the following results have been observed through the health centre report:

Maternal and Child Health

- Increase in utilisation of preventive services at the health centres by pregnant women and children
- Incidence of malaria has dropped from 6.4% to 3.4% among children under five and pregnant women
- Currently 12 mother-girls are attending school, which was unheard in that community in the past.
- School registration has increased from 40% to 60%

Water, Sanitation and Hygiene

- 14 villages were certified by local authorities recently as 'open defecation free.' This led to celebrations led by the health zone authority with educational, administrative and local leaders.
- Intestinal worms infestations have decreased from 2.7% to 0%
- 97% of people use a protected water spring for drinking and other domestic tasks.
- 85% of households use latrines
- 87% of households use a dumping pit to dispose waste
- 80% of people have knowledge on feco-oral contamination
- 90% of people wash hands with soap or ash after using toilets
- Communal works are carried out at least once per month to clean the villages (85%)

HIV/AIDS Awareness

- People are aware of how HIV is spread and the means of prevention
- Religious leaders have accepted to speak openly about HIV/AIDS and the use of condoms as a preventive mode.



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Sexual Violence/Trauma

- Survivors of sexual violence have decided to break the silence and speak out
- Community mechanisms have been put in place to discourage early marriage
- 80% reduction of marriage of children under 18 years old.
- 80% of cases of child-rape are reported compared with none before the project
- 100% of reported cases of rape receive medical and psychological support within 72 hours.
- Reported cases of women who are beaten by their spouses have decreased by 60%
- 70% of women say they can express their views and actively participate in decision making in community meetings.

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