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DEMOCRATIC REPUBLIC OF CONGO (DRC)



Aster Bashige Ndjuzi is Provincial Coordinator for GTZ Health (a division of the German technical cooperation agency) in South Kivu and is the Focal Point for a project financed by the King Baudouin Foundation, in collaboration with SAMWAKI, partner of Dimitra in South Kivu. Through the exchange of experiences, he supports his colleagues of GTZ working for the implementation of this project in different provinces of the DRC. Expert in the fight against HIV/AIDS in rural areas, Aster provides technical support for the development, planning, management, resource mobilisation and coordination of HIV/AIDS-related projects and programmes. He is, by decision of the Provincial Medical Inspector, member of the Provincial Study and Planning Office.

Concerned with the promotion of women's rights, he provides sustained support and advice to a number of women's organisations in South Kivu (SWAA, FADI, ADFEMER, SAMWAKI, GRACE, APACI, AMAMA and the Réseau Provincial des Associations des Femmes Rurales). He is also very committed to the promotion of young people through sport (football, basketball, etc.).

A model for supporting the fight for access to land by people living with HIV and/or women who have suffered sexual assault in Walungu, South Kivu

1. Brief overview of GTZ Health's activities in South Kivu

GTZ Health has been active in South Kivu (DRC) since March 2003. Since then, it has cooperated with public and private institutions, NGOs and agricultural, community-based and religious organisations to build up their organisational capacities, with the aim of developing high-quality services. GTZ Health also works with other international partners who can help achieve its goals in its different activities.

GTZ Health's work in South Kivu focuses on three key areas:

1) Supporting the fight against HIV/AIDS

- GTZ Health provides institutional support to the Provincial Health Inspectorate through the Office of the Medical Inspector, the Anti-HIV/AIDS Programme and the Reproductive Health Programme.
- A major part of GTZ Health's activities are based on prevention. It provides technical support to the various local organisations' (NGOs and community-based organisations) work to decrease the virus' infectivity, improve access to voluntary screening and prevent HIV transmission from mother to child.
- GTZ Health provides laboratory equipment and materials and medication for preventing and treating opportunistic infections to 17 healthcare structures in four health zones, including seven hospitals and hospital centres offering antiretroviral treatments.
- Local organisations are being strengthened and assisted in giving psychological and social support to people living with HIV (PLHs) and people affected by the disease (family members, AIDS orphans, etc.).

2) Supporting efforts to enhance the healthcare system

- GTZ Health provides support to local healthcare structures with a view to ensuring high-quality care. This requires a good supply of equipment, materials and

medication. Work in this area is complemented with training courses and seminars to build the capacities of service providers.

- Particular emphasis is placed on managing medication and inputs, as well as on different methods of contraception within the framework of family planning.
- The strategy being employed is based on purchasing services: the service providers and management team in each health zone are awarded bonuses depending on performance, which is assessed on the basis of indicators and the services the health zone is expected to provide.

3) Supporting the fight against sexual violence

In this area, GTZ Health aims to contribute to projects that have been launched by other partners:

- Firstly, efforts are being made to relieve the pressure on Panzi general hospital, which currently treats more than 10 victims a day, by finding local structures that can provide initial care. Only cases requiring specialised surgery (e.g. to repair fistulas) should be referred to Panzi hospital.
- Secondly, men and community leaders should be involved with a view to reducing the number of cases of rape and sexual violence against women as much as possible.
- Various strategies have been implemented, such as involving male leaders and disseminating pre-prepared messages, to name but a few.
- GTZ Health is supporting information and dissemination initiatives on the law against sexual violence, assisting society in advocacy and awareness-raising and indirectly fighting impunity.
- The fight against sexual violence is backed up by projects focusing on psychological and social support and socio-economic reintegration and a special project

- for treating post-traumatic stress.
- GTZ Health's efforts to fight sexual violence are based in the chiefdom of Ngweshe, in Walungu territory. It cooperates with the NGOs ADFEMER, Action pour le développement de la femme et l'enfant en milieu rural (Action for the development of women and children in rural areas) and SAMWAKI, Sauti ya Mwanamuke Kijijini (The voice of rural women), among others.

GTZ Health would like to use this article to share the experiences of ADFEMER and SAMWAKI in trying to guarantee access to land for vulnerable people, including people living with HIV, women who have suffered sexual assault and orphans. Their experiences are based on concrete, visible activities to help the weakest people exercise their rights, which are often flouted by stronger people on the pretext of respecting the customs of their area.

2. Socio-economic context

The chiefdom of Ngweshe is a decentralised administrative entity in Walungu territory in South Kivu province. It has a population of around 414,000 people and an area of 1,600 km², which is further divided into 16 groupings (a geographical subdivision comprising several villages and managed on a day-to-day basis by a chief) and 493 villages.

Agriculture is the main economic activity in the area and it is mainly carried out by women and girls. Men are usually responsible for selling products, and most of them are street vendors. To practice their trade, they have to make long journeys on foot to reach the province's mining towns, where they often stay for months or even years on end. While the men are away, the women are left to raise the children alone, feeding and dressing them with the produce from their fields or from small-scale animal breeding.

The exodus of men and boys from Ngweshe puts the women and girls in the area at a far greater risk of poverty and infection with HIV. Girls generally join their mothers in the fields between the ages of 7 and 10. Girls who attend school normally stop after primary school or, in some rare cases, the first two years of secondary school.

Medical care in the area is something of a sensitive issue for a variety of reasons, notably the absence of health infrastructure and the poverty of the people in the region, especially women and children. This situation makes people affected by HIV/AIDS and their dependents even more

vulnerable, since there is a lack of support. As they cannot receive treatment from a nurse or a doctor, the vast majority of the population simply pray or go to local practitioners of traditional medicine if they are ill.

3. The issue

One effect of the armed conflicts that have taken place in the DRC in recent years has been the gradual erosion of the status of Congolese women, rural women in particular. The use of sex as a weapon in two successive wars has intensified the gender-based discrimination that has been perpetuated by traditions and customs, families, religious beliefs, laws and even women themselves. Discrimination against women often goes hand-in-hand with abuse and violation of the fundamental rights that women never claim, especially not in the communities they come from.

Considering the huge school drop out of girls, their domestic chores and forced early marriages, the future looks bleak for girls in rural areas of South Kivu. Furthermore, sexual violence during the war has sadly served to damage the already weak image of women that at least allowed them to be heard as sisters, wives or mothers in their rural communities.

The post-conflict period in South Kivu has been characterised by widespread poverty, which hits rural women particularly hard. Agricultural production, which they depend on for a living, is in severe decline because the fields were not tended during the war and the plants and small livestock were looted and destroyed by the soldiers. And as bad things always seem to happen at once, the disease known as mosaic struck down the cassava crop – the main crop in the region – just as the women were trying to resume agricultural activities. The presence of this disease was the main reason for so many men to leave the area in favour of the centres for traditional exploitation of mine products, urban areas and large rural agglomerations.

The men are thus abandoning women and children to hunger and life in an unliveable environment. Women are not capable of re-thatching the roofs of their huts, so the huts collapse in bad weather and cannot be rebuilt.

In Walungu (especially Kaniola), as in the rest of the province, women and girls have been subjected to sexual violence, but the assistance they receive is inconsistent. They are also given very little support by their families and the community. In Mushinga, which is also in Walungu ter-

ritory, the majority of women and girls who suffered sexual violence or were made into sex slaves by members of the Mudundu 40 militia, which operated in the village during the war, have sought refuge in Mukungwe, a centre for the traditional exploitation of gold, where they no longer have to listen to the harsh words of their families and other members of the community. However, they are forced into prostitution to survive. They have lost all hope of finding husbands or even resources for the future.

Against this backdrop of extreme poverty, hunger and abandonment by their partners, rural women in Walungu are resigned to their fate. They can only make limited efforts to improve their situation, due to the factors mentioned above and many others, including:

- illiteracy and insufficient education;
- the isolation of grassroots women's organisations from a local, national and international perspective;
- insecurity;
- lack of access to information and training;
- ignorance of human rights;
- the continuation of customs that discriminate against women;
- the community's failure to act against domestic violence.

Worse yet, these people, who are already vulnerable, often do not own any land, though land is the only asset they can use to ensure their survival. Customs and traditions in Bushi, South Kivu, do not grant women the right to have possessions, no matter what they are. Land belongs to the chief, who then rents it out or gives it temporarily to a man who has paid a guarantee in the form of cows, the number depending on the land awarded (arable or grazing land). Women cannot even take part in discussions, never mind negotiate or rent land.

Men's refusal to register marriages limits many women's opportunities in terms of exercising the rights inherent to legally recognised marriages, such as the right to own or benefit from property that legally belongs to the household, for example land.

Tradition does not grant women, and especially not girls, the right to inherit. Only men can inherit fields, pastures, cattle farms, and so on. Even though 90% of the work involved in clearing, ploughing, sowing, hoeing and harvesting is performed by women, men are still responsible for managing the products from the fields.

4. SAMWAKI's work

As an organisation operating across the whole of South Kivu, SAMWAKI is involved in building the capacities of rural women and guaranteeing cohesion between local development initiatives and groups created by rural women and girls or working to promote their interests. Its main activity is linking up these women's groups to form networks – this should help them get to know one another, analyse the particular problems faced by women, launch joint initiatives to find activities that suit them all and exchange practices and experiences related to development.

Access to training, information and communication will enable these groups' members to deal with key development topics actively and responsibly. Important subjects include human rights, rural women's rights, resolution of conflicts, farming techniques and food security, the use of information and communication technology to promote rural development, the fight against the spread of sexually transmitted diseases and HIV, governance and citizenship and environmental protection.

Women have a major role in rural development issues as agricultural production, which is necessary for survival and the cornerstone of rural communities, the continuation of the species and basic education of children all depend on women. To tackle these issues, SAMWAKI is intensely lobbying community leaders (religious, civil, political, administrative and traditional authorities) with a view to eliminating all forms of prejudice and discrimination and infringements on the rights of rural women and girls with the aim of helping them to play their part as actors in rural development and vital partners for men.

SAMWAKI has organised several workshops and meetings to combat backward customs that see women expropriated of arable land under the pretext that they have been raped (tradition says that land tended by these women cannot yield crops). A similar attitude is that people living with HIV are a burden on the community (*guli muziro in mashi*).

Impunity and ignorance of the law make violence against women even worse. In rural areas, where traditional and cultural values define women's status, women are often treated in a way that contravenes national and international laws and legal principles relating to human, and therefore women's, rights.

The DRC's law on violence against women was enacted in 2006, but people do not have enough information on the

law in the rural areas, which are home to both the majority of victims and the majority of perpetrators. However, repackaging and disseminating the law in rural communities could have positive results, especially if it is applied to make examples of the men who have performed violent acts against women but have not been punished for their actions. SAMWAKI, which has the support of GTZ Health, has adopted a two-pronged approach: on the one hand, it ensures that Walungu's population is aware of the existence of this law that defines and punishes violence against women and girls, and on the other hand, it takes the necessary steps to ensure that the law is applied in known cases. This is why the victims need legal support.

5. ADFEMER's work

ADFEMER mainly works with:

- female farmers, encouraging them to be self-sufficient;
- women who have been abandoned by their husbands or their families;
- illiterate women;
- women who have been raped;
- children born of rape;
- AIDS orphans;
- people living with HIV (PLHs), by organising home visits and psychological and social support for their families.

Concerning this last point, ADFEMER has enhanced its cooperation with a voluntary screening centre (VSC) in the community, SOS-AIDS (which also receives support from GTZ) and Walungu general referral hospital, which provides clinical treatment for PLHs.

When providing support to PLHs, ADFEMER has been able to make a full list of their needs and give them the opportunity to talk to people who are in the same situation as them. An initial meeting for PLHs was held in January 2007, and six people (three men and three women, including one couple) participated. Following the success of this meeting, ADFEMER decided to organise another in February 2007, involving both SOS-AIDS and the general referral hospital. Nine PLHs attended this meeting. Since then, meetings have been held every two months. The attending physician and advisors from the VSC prepare educational talks for the meetings, sometimes in cooperation with the PLHs themselves.

33 PLHs came to the third meeting, and the number of PLHs voluntarily attending each meeting has been increasing steadily. There are currently 159 PLHs meeting on a regular basis – 118 women (of whom 35 are widows), 39 men and two children under the age of 12. 41 of the participants are undergoing antiretroviral (ARVs) tritherapy treatment. The people come from different places – most of them are from Walungu, but some are from Kanyola or Mubumbano.

At each meeting, PLHs exchange experiences and there is also an educational talk by a PLH, a VSC advisor or a healthcare worker. Topics that have been discussed so far include: living positively with HIV; self-support for PLHs; the importance of continuing to take ARVs and medicines to protect against opportunistic infections; the importance of respecting medical appointments; the ways in which HIV is transmitted; how to use condoms correctly; how PLHs can participate in developing their environment, etc. After each meeting, PLHs can exchange addresses, and those who accept home visits can give their contact details to members of the organisation.

The main problems that PLHs mentioned in the meetings were poverty and the constraints linked to the cultural traditions in their communities, both of which lead to difficulties in financing hospitalisation and sending orphans to school.

ADFEMER has rented community fields in three villages to serve as examples – the fields are being worked using new growing techniques for better seeds. The organisation has also created a revolving loan system to encourage PLHs who are working in the fields and breeding small livestock.

Thanks to lobbying by GTZ Health, ADFEMER and KOKO Multifunctional Centre will receive FAO support in the form of market gardening and food-production kits, ploughing tools and parent animals (such as rabbits, ducks, guinea pigs or goats) for at least 500 households in Kaniola in September 2008. The households benefiting from this support all include at least one PLH, one woman who has suffered sexual assault, one orphan or one other vulnerable member of the community, such as a malnourished child. The idea is to improve the process that grants land access and to encourage vulnerable people to play an active part in environmental development and, more importantly, support themselves financially.

This ADFEMER initiative, which was launched with the



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cooperation of the community VSC and the general referral hospital, has been a great success and is now being used as a positive example for several psychological and social support organisations in Walungu and other health zones.

The Walungu PLHs receiving ADFEMER support are now pleased to have guests at their meetings (even if they are not PLHs) and some of them have even agreed to tell their story in public. The aim of these meetings is to help all PLHs to lose the feeling of being stigmatised and think positively. In the future, ADFEMER intends to organise a special meeting of all the PLHs involved with the different psychological and social support organisations in Walungu, perhaps even including organisations from Ibanda, Uvira, Kaziba and other places besides.

In Bushi, and particularly in Ngweshe, the Mwami (traditional chief) blesses the seeds every year. This year, the seed-blessing ceremony was part of a mass celebrated in the Catholic parish of Mugogo. This village is home to Radio

Bubusa, which, along with Radio Mulangane, reported on the ceremony. The Mwami asked the chiefs of the different groupings to involve women in negotiations for access to land and to allow women to rent land, a right that their partners, men, already hold. He called on the population to give women responsibilities, reminding them that women are central to the chiefdom's economy and adding that they must therefore be made responsible for production. The desired result of this is that women's role will no longer be limited to reproduction – they will also be viewed as key stakeholders in decision-making and distributing products.

Buoyed up by this vision of the future communicated by the chief, Mwami Ngweshe Weza III Pierre Ndatabayé, the NGOs SAMWAKI and ADFEMER now feel that their approach is supported and that they have considerable encouragement to give more assistance to PLHs, to women who have suffered sexual assault and, in short, to all women and all vulnerable people in rural communities.

