

Masters Program in International Health

**EMERGENCY HEALTH SUPPORT FOR VICTIMS OF
SEXUAL AGGRESSION IN THE DR CONGO**

A Case study of the Mobile Clinic Pilot Project in South-Kivu, DRC
held from May to September 2003

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1. Abstract

Study descriptions

The phenomenon of mass rape, found in April 2003 was new to the region of Walungu, South Kivu, DR Congo. This study evaluates the intervention of a Mobile Clinic designed to reach victims of sexual aggression (VSA) with medical and psychological treatment. Their health conditions are documented by analyzing the laboratory results of the Syphilis infection- (RPR) HIV- and pregnancies tests. The women's social demographic variables are evaluated. The mid- term consequences of rape like sexual transmitted disease (STD), HIV/AIDS, unwanted pregnancies, mutilation, psychological traumas and rejection by the family are tackled. The result of the collaboration with grassroots women's groups and other NGO's is the start of a new network for the victims. Their impact is measured by the description of the initial program for reintegration- and community awareness. A group detraumatization program is developed and analyzed. After the health centers are empowered to reopen, the transition of the MC emergency intervention back into the regular health care system- limited though it may be - is described and analyzed. This Mc alone could not be sustainable and was not intended to be. However it was the only health access for the impoverished local war shaken population, at that point in time.

Study method

This is a case study of the pilot project Mobile Clinic to reach VSA in the region of Walungu, South Kivu, DRC. The study describes the participatory observation of the emergency intervention to treat VSA with the temporary use of a MC. It analyzes the initially gathered quantitative VSA data and evaluates the impact of the MC and its transition into the existing but broken health system. A short attempt to describe mid- term results of; health, psychological and social consequences as well as actions taken on local and international NGO levels, follows.

The study samples are all the women VSA accessing the MC during its intervention. Quantitative data are analyzed; qualitative data are mainly used as background information some are used as another angle for the synthesis.

Findings

In the 7 randomly chosen health center areas the MC treated 3018 general patients during the first 17 days and 1233 women VSA approached the MC for treatment during all 3 field missions of 30 days. This represents 11% of the female population in the Walungu health zone with estimated 43.398 inhabitants.

As a consequence of the rapes, an average of 28% of the married women in the study sample, suffered rejection from their husbands and the consequent socio economical fall.

68% of all VSA show clinical signs of STD. 70% mentioned psychological trauma signs. 3 cases were transferred with mutilations. 2.45% are HIV positive in the first round and for the 70% of women who did come back for an HIV test after 3 months, the prevalence of HIV was 7.6%. Long term treatment by teaching health center staff, grassroots groups, and networking with NGO's increased substantially.

Female between 3 and 80 years old were victims of these brutal mass rapes in Walungu region. The armed attackers made no distinction of age, marital status, education or religion in choosing their victims. For the women, a protection from the community or male side was, and still is, mostly absent. In this particular region it was a new phenomenon to use rape as a weapon of war to destroy women and communities. Although other regions of Eastern DRC are known to have suffered similar phenomena comparison data on this kind of sexual aggression were rare to find. The victims fear to speak out, hide and suffer in silence. Until the emergency intervention of the MC most victims were without any medical and psychological treatment. The MC contributed to the mobilization of NGO's local and international to address mid and long-term consequences. The government is not yet able to provide any kind of support. The numbers of victims presented in this study, the percentage of positive HIV tests, and other results appear to be underestimated, nevertheless shocking. The target area shows that every 11. th woman was raped at least once, mainly by several attackers. The 7.5% HIV positive VSA -after the second HIV tests- show an alarming public health problem arising. But since HIV and its consequences have not yet been tackled in a broader way in this part of Africa, the chance of adequate treatment and psychological accompaniment for victims especially in rural areas is slim to none. Women who are mutilated due to massive violence during their rape are in danger of isolation and even death during birth or due to infection. The surgical intervention is only available at one hospital in Bukavu. The long-term consequences of unwanted babies born as a result of rape can only be imagined.

Conclusion

Once faced with the situation described above, the Mobile Clinic successfully provided the first medical interventions for a female population suffering indescribable sexual brutality at the hands of armed groups.

The intervention was effective in the short term. It was the only way to intervene in a situation where fixed medical facilities were still under threat, especially at night. In similar situations, mobile clinics are recommended. Mobile clinics are a short term fix, but when integrated into the resumption of the local health system, they can contribute to the earliest possible restart of medical services. While mobile clinics are often criticized for being a purely external short term fix with little lasting effects , the approach taken to work closely with local women's groups allowed community involvement. The fact that the NGO involved was the primary supporter of the medical provided the proper integration

While focusing primarily on medical intervention, the psychological and detraumatization components were welcomed by those concerned. A measurement of effectiveness is beyond the scope of this paper.

This mobile clinic could only begin to address longer term issues such as STDs (especially AIDS) and unwanted pregnancy, through testing and referral. However, health authorities, communities, grassroots organization, NGO's, Government and International Aid must intervene, or the prognosis is widespread and untreated STD and HIV infections in a population that is just struggling to recover from a seven year war.