

Report of WCC - EDAN Consultation (Bukavu, DRC)

Submitted by Rev. Micheline Kamba, EDAN Consultant for Francophone Africa)

1. Introduction

A Consultation gathering 26 participants, means 20 people with disabilities (PWD) and living with HIV (PLWHA) and 6 apparently able-bodied people, from the Great Lake Region (namely Burundi, Democratic Republic of Congo [DRC] and Rwanda) was held in Bukavu, DRC from Tuesday the 17th to Friday the 20th of June, 2008. It focused on the theme “**Response of women with disabilities to violence and HIV and AIDS: A Social Transformation Approach**” and was facilitated by the Ecumenical Disability Advocates Network (EDAN) through IMAN’ENDA Ministries International (IMI), under the auspices of five projects of the World Council of Churches (WCC), namely: EDAN, Ecumenical HIV and AIDS Initiative for Africa (AHAIA), Decade Overcome Violence (DOV), Women Programme (WP) and Healing of Memory (HM).

On behalf of all the participants, I would like here to express a sincere gratitude to each sponsor for your financial support and encouragement without which this Consultation, a dream of yesterday, would not have become a reality. This Consultation served indeed as a platform where PWD in the Great Lakes Region were able to express themselves. May our Lord Jesus Christ reward you abundantly and give you a foresight as we all consider prayerfully what needs to be done by the outcome of this Consultation.

This report is divided in six main parts. It presents succinctly (1) the background of the Consultation, (2) the preliminary or preparatory works done, (3) a summary of presentations, (4) feedbacks from site visits, (5) Recommendations and Follow up (6) the financial report and (7) Publication note. A full Report of this Consultation with all the papers presented, reports of workshops, final recommendations and follow up, will be published both in French and English in a book format in the near future. It is our hope that this publication will become a landmark that can lead a new effort in addressing the needs of women in general women with disabilities in particular in times of violence and HIV and AIDS in Africa.

2. Background

The same as it was expressed clearly in the background of the “Proposal of Bukavu consultation” sent to you in March 2008, this consultation was motivated on one hand, by a sad picture of PWD as exposed to HIV infection, especially in time of war/genocide and violence in the Great Lakes Region; the other hand how PWD are at significant risk of becoming HIV infected due to poverty, lack of education, lack of information and lack of economic substance.

This situation of women with disabilities and the need to sensitize about the issues of violence and HIV and AIDS were deemed important to request for funding in order to organize a consultation project in sub-region in Africa.

3. Preliminary/ Preparatory works and visits

In preparation to the Consultation and being fully aware of the fact that we will not be able to fit every organization and visit all centers that are dealing with issues related to women with disabilities and those who were disabled during the war, we (the organizing committee and I) visited two important women centers in Bukavu and talked to some individuals.

a. Hospital of MPanzi in Bukavu (a project of the CELPA Church)

MPanzi Hospital is the first centre we visited. It is catering for women and girls victims of sexual violence during and after the war. We found that these women have been handicapped in one way or the other. For some it is physical and visible, for others it is hidden, in the genital parts (due to several rapes and abuse). Others have lost their sexual feelings and desire. Most of them suffer the shame, look traumatized and are even stigmatized by the society. HIV infection is another possible threat problem. Some carry “unwanted pregnancies” from rapists, feel culturally or religiously obliged to bear or raise “undesired” children.

b. Association des Femmes Aveugles du Sud-Kivu (AFASKI)

The second centre we visited was AFASKI – a training centre for women with visual impairment & blindness. They have a teaching programme that specializes in hand techniques of reading Braille. They also do and sell some art crafts for self-sustainability. Their experiences are also fascinating. One of the teachers, who also attended the Consultation, shared that during the recent earthquake in Bukavu (DRC) and Cyangugu (Rwanda), she was abandoned by her guide who run away to save herself, leaving her helpless and without assistance.

c. Individuals PWD

Other people with disabilities visited shared how the Bukavu and Rwanda hilly and mountainous relief is not PWD-friendly. In addition to this, houses and roads are not built with concern for or in order to enable PWD to move around easily. Most of them depend to other people (apparently valid) for their errands.

Regarding to the preliminary visits, we have noticed that the Great Lake region, especially the East DR Congo, is remained the violent area. Many factors proved this assertion. First, this part of DR Congo, means, Kivu-region is still occupied by the rebels. Second, the supernormal phenomenons like earthquake and volcano. Third, the hilly and mountainous relief obliged people to build houses in high level with incredible stairs. These situation of violence make people in fear and trauma, in particular, people with disabilities, most of them prefer to die rather than to survive.

However, the important thing was as they expressed that our visit to them, listening their stories and interesting to what they are doing were part of their healing, because there are many International Organizations in that area but few interested to the disability issue.

4. Summary of presentation

Three presentations were made during this Consultation.

- a. *The first presentation*, by me, focused on **“Conditions of Women with Disabilities in the context of Violence and HIV and AIDS in the Great Lakes Region: A re-reading of Luke 13: 10 – 17.”** This exposé helped the participants to see that (1)

the situation of PWD in Africa is not well documented yet. (2) The Great Lakes Region has been a theatre of sexual violence against women in general, but WWD in particular were most vulnerable. (3) There is need, through the re-reading of Luke 13; 10 – 17, to awake, sensitize, and mobilize women with disabilities as well as those infected by HIV. These reasons are prompted by the fact that there is a wrong cultural and religious perception of PWD in the region. This presentation was followed by some group discussions (workshops). In response, the participants found that:

- The Church (leadership and communities) needs to develop a good reading (hermeneutic) of the Bible, value PWD and show concern and compassion, just like Jesus,
- There must be a deliberate effort of change of mentality of the PWD, Church, Society and political leaders,
- The first yoke to be broken is the spiritual handicap so that PWD can advance positively in their daily life.
- Church, social and political leaders in the Great Lakes Region must make an effort to heal trauma, physical and sexual wounds caused by violence, etc.

The reports of workshops were followed by the moving testimony and experience of Mrs. Stella Mbo a WWD born without hands and legs, denied by her father and neglected by almost all, but who today, is a mother of three, can read and write, is a successful artist, taking care of her parents. Stella's story proved that for God, no one is "handicapped."

- b. *The second presentation* by Mr. Hendrew Lusey of EHAIA talked about **"Women and Girls with Disabilities and living with HIV and AIDS: the Challenges."** Lusey noted that despite the differences, there common challenges for both HIV & AIDS and Disabilities. These include feminization, taboo, gender inequality, stigmatization, discrimination, denial, misinformation, prejudices, segregation, inaction, erroneous biblical justification, condemnation, abuse of human rights, responsibility of churches, shame and violence, etc. These are also difficulties encountered when serving such programmes. In order to overcome the challenges, Lusey outlined the following perspective. That PWD like PLWHA must not take their condition for an excuse for passivity. They must not look at themselves as "objects" of intervention and pity, but as "subjects" and people with potentials. They must not be divided, but always learn to work together. They must stand the challenges by acting visibly, being innovative (creative), acknowledging their own values and those of others, setting up concrete plans, advocating and being accountable.

Several questions were raised by the participants. In summary, participants showed interest in this subject, they were concerned to the low attention of the issue of disability has been received from certain government, NGOs and churches. The confusion was that they did not recognize as being vulnerable people to HIV and AIDS. This is due to lack of appropriate information of HIV and AIDS. Hence, the need is to, (1) raise awareness in Disabilities Studies and HIV and AIDS, (2) the need

of a “Network” (as a platform of exchange within the region), (3) having a follow project funded by WCC (which Rev Kamba and Mr. Lusey did not guarantee).

The presentation was followed by a challenging testimony and experience of a young girl living with HIV and AIDS, Julie NSakadi. She explained how HIV infection caused for 6 month damage to her legs and till today she has not a good sight to her left eye. The Nsakadi’s experience showed clearly that the HIV infection could cause brain damage, slow development and eventually AIDS.

- c. *The third presentation*, by Rev. Philippe J. L. Emedi, the Administrative Secretary for Accreditation of the Accrediting Council for Theological Education in Africa (ACTEA), focused on **“Empowerment of Women with Disabilities and Living with HIV and AIDS: A Coalition Building,” in the post-war context of the Great Lakes Region.** Emedi showed that the importance of coalition for empowerment is timely. A recent article by Claudia Rodriguez on NGOs’ involvement with women victims of sexual violence in South-Kivu underlined the same. Reports confirm that conditions of women in the region (including WWD and living HIV and AIDS) are exacerbated not just by cultural and religious beliefs, but also their social, economical and political conditions. (Human Right Watch) These issues must be taken seriously for empowerment to succeed. But what is empowerment and what is coalition? Rev. Emedi defined empowerment, this important component in Community Development, as alleviation of poverty (seen as powerlessness) through (a) democratization of centre of decision, (b) equal distribution of opportunities and resources (finances, education and health, etc) for the increase of potentials, and (c) building capacities (by means of knowledge acquisition, resources, and set up of good structures). Its objectives are economically, socially and politically interlinked. Coalition, on the other hand, was defined as a temporary process of alliance or partnership of parties, people with similar values, interest and objectives for a common action. He went on to show the different types of coalition; how, when and why it should take place, as well as the advantage and disadvantages of a coalition. In conclusion, the speaker said that associations/NGOs must be empowerment-oriented (i.e. democratized, with equal share of resources, and well-structured) in order to build coalitions. They must aim to achieve local stability and networking before external support.

From group discussions, participants noted that most associations in the region face similar problems, including lack of funding (and dependency), commitment of members, identification of resource people, administration, distribution of resources and communication and exchange. At national and regional levels, the needs were; to form a “strategic alliance,” well-structured and administered network (or platform) which will pursue specific objectives such as disability and gender, awareness and training, advocacy, lobbying, building capacity, and designing and implementing projects.

5. Feedbacks from Site Visits

During the consultation, the participants had a break to visit two sites of people with disabilities.

1. **Heri Kwetu**, this center has supplied the prostheses for the amputee people victims of the war. There is also a training center for Deaf women and young people. One of the participants was from this center, Lea Mapendo, at the age of 27 years old, during the war 1998 the rebels occupied the east region, some soldiers had been mined the area around the water supplied for the villagers. Lea was one of the young girls who had lost her two legs.
2. **Union des femmes handicapées de Sud-Kivu**, this association has produced the extraordinary artistic things even in tailoring, but they do not such an opportunity to compete in the open market.

As regards to these associations and centers, we noticed that they need a good structure and may work in interconnecting each other; that would be attractive to NGOs and government to involve fully in their activities.

6. Recommendations and follow up

A Committee of Evaluation of representatives of the three countries made the following statement (summary, recommendations and follow up).

In summary, the participants noted that,

- a. The participants welcomed with satisfaction the Consultation, which was attended competent people with disabilities and provided them with a platform to express their views and address their own issues, without intermediaries.
- b. The problems affecting people with disabilities are very much present in the Great Lakes Region of Africa, namely in Burundi, Rwanda and DRC.
- c. The organization of PWD seems to be structured differently in the three countries. There is therefore need for regional networking, partnership and exchange.
- d. In the region, and probably in many other places, PWD are designated by terms that do not dignify. This cultural problem must change.
- e. Participants are willing to circulate information and share knowledge and experiences.
- f. Despite the differences, PLWHA and PWD have a number of common challenges that can be addressed, including awareness, rejection and stigmatization, etc.
- g. Issues related to PWD are not well and equally developed and handled by every setting, be it Church, politics, and society, etc. It therefore deserves a close attention.

For this reason, the participants made the following recommendations.

1. To People with Disabilities, that they must:
 - a. Value and accept who they are and thus build self-esteem.
 - b. Unite as one person, ignoring different impairments.
 - c. Involve other people, valid or not.
 - d. Speak out and address their own needs, never an object of intervention, but subject: “nothing about us without us.”
 - e. Be part of an association of PWD and defend their interests.
2. To the Church and society, that:

- a. The church must accept and integrate (take into account) PWD as resource people.
 - b. The church must re-read the Bible; develop a sound theology for PWD, and be ready to stand prophetically against neglect and abuse of PWD.
 - c. The Church must resist all structure that oppresses PWD including inappropriate infrastructures.
 - d. In a spirit of integration of PWD, we want an inclusive and participative community, not just speaking for, but involving PWD.
 - e. The Church partners and cooperates with the government.
3. To the Governments
 - a. Put a legal system and structure (working measures) that help, deal with issues and promote both rights and obligations of PWD.
 - b. Involve (incorporate) resource PWD in the decision making structures.
 - c. Institute a law that regulates the affairs of PWD.
 4. To Partners (local, national and international)
 - a. Need to map PWD and develop a network system in the Great Lakes Region.
 - b. Integrate the question of HIV and AIDS and sexual violence as a cross-cutting issue.
 - c. Help PWD to become self-sustainable, economically independent and as potentially partners.

Follow up of outcome of the Consultation

The following people will be part of the “Follow up Committee” and propose to other participants a number of activities/priorities.

- Rev. Micheline Kamba, (EDAN)
- Mrs. Marie-Goreth Mucuma, Burundi
- Ms. Mukamusonera Devota, Rwanda
- Mrs. Jeanine, Bukavu (DRC)
- Rev. Clementine Wapa, Kinshasa (DRC)

7. Financial Report

The financial report is annexed to this report. So far we would like to inform you that as I am in South Africa for study, the EDAN and EHAIA coordinators judged that the funds for the consultation was handled by Hendrew Lusey, EHAIA Central Africa Regional coordinator, who his office based in Kinshasa/RDCongo. In total 21000 USD were received from EDAN 16.000USD (which these funds came from DOV, Women Program and Healing of Memory) and 5000 USD from EHAIA. The funds were transferred from EHAIA/Kinshasa to Pasteur Philip Awezaye in Bukavu for the workshop. We would like to inform you that the balance of the consultation is 1400 USD which is transferred to Methodist South Africa bank account for publication book of the Bukavu consultation.

However, you will notice that some vouchers are not responded basic international standards and others have just a written acknowledgment. This is due to lack of cultural education about vouchers or invoices in that area and some businesses are not used kind of administration issue. For a certain vouchers have been given to Lusey and others left behind,

Past. Awezaye will be sent all of them as soon as possible. Other thing we would like to mention about the difficulties that the committee and I found for any contact to the disabled association or individuals in Bukavu needed money. They have in their mind that “Akuna falanga, akuna informatio” (No money, no information). This is because people with disabilities and those who are sexual abused victims have been exploited by different people. Hence we were obliged to support their activities or to give them something to survive. This contraining situation demands us to go over budgetary considerations. Therefore, you will notice that 1400 USD for publication instead 2500USD. We apologize for any inconvenience we have caused.

8. Publication

The proposal of Bukavu consultation was expressed the expectations of that consultation to make an awareness of the problem relating to HIV and AIDS and violence against women with disabilities; and to make available the outcome of the consultation through publication. Therefore, this publication, which will be in French and English, will contain: -the papers presented during the consultation, -full report of workshop,-feedback of visits, -final recommendations and follow up.

Conclusion

The consultation was such premiere activity in the Great Lake region, which succeed to gather different type of disabilities in the context of violence and HIV and AIDS. We received encouragement and connection to different local and International NGOs and Chuches, like, World Vision, Women for Women, Caritas Sud-Kivu/DRCongo, Congregation de soeurs blanches, Centre Heri Kwetu, Eglise du Christ au Congo, Les Assembles de Dieu.

I would like to thank in particular Pasteur Philip Awezaye for his commitment to handle this workshop on the ground; many thanks to Rev. Philippe Emedi “Heros dans l’ombre” for his orientations and a special thanks to Mr. Hendrew Lusey for fully participation as co-organiser and co-facilitator.

On behalf of all participants, we believe that the outcome and the recommendations of the consultation will be part of your priorities future plan.

With grateful heart

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