



Annual Activity Report
Panzi Hospital
2013



www.panzihospital.org

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Humanitarian Aid

The European Commission Humanitarian Aid and Civil Protection Department (ECHO) has during its 20 years existence, provided €14 billion of humanitarian assistance to victims of conflict and disasters in 140 countries around the globe. Over the last five years ECHO's annual budget has averaged 1 billion. In 2011 alone these funds reached 150 million of the world's most vulnerable people in over 80 countries. The EU's humanitarian assistance is based on the principles of humanity, neutrality, impartiality and independence. ECHO is the major donor of the SSV-Project presented on pages 13–17 in this report. See ec.europa.eu/echo/



PMU was founded by the Swedish Pentecostal Churches in 1965 and is operating in more than 50 countries. It is one of the larger international relief and developmental organisation in Sweden. PMU mainly focuses on Health, Education, Human Rights and Humanitarian Aid. The annual turnover is about €17 million. PMU gets its funding from the Swedish Government through Swedish International Developmental Cooperation Agency (Sida), ECHO, Swedish Radio Aid and other organizations, Swedish member churches and private donors. PMU is a member of VOICE, EU-CORD, HAP International and CONCORD. The construction of Panzi Hospital in 1999–2000 was funded by Sida, PMU and Läkarmissionen. PMU is managing and co-funding the SSV-Project. See www.pmu.se



PHOTO: THORLEIF SVENSSON

Message from the Medical Director, Dr. Denis Mukwege

IT IS MY HONOR AND PLEASURE to introduce the second Panzi Report, describing activities implemented in 2013.

It is important to note that although Panzi Hospital is best known both nationally and internationally for its specialized program of care for survivors of sexual violence (SSV) and women with gynecological conditions, it is above all a general referral hospital providing a number of medical services. There are four departments within Panzi General Referral Hospital, namely: Internal Medicine, Surgery, Gynecology and Obstetrics, as well as Pediatrics.

The second part of the report reflects all the activities of Panzi Hospital for example the number of outpatients and inpatients in the different services, the number of surgical procedures, the number of deliveries and the number of children treated in the neonatal unit. The statistics provided allow for comparison with the activities conducted at the hospital in 2012; indicating an increase in the number of patients and reflecting the needs of the communities in the catchment area of the hospital.

THE SPECIAL FOCUS OF THE REPORT provides a description and summary of the SSV-Project and its development over the 10 years it has been running. The Panzi model, which provides holistic care has now become a “trademark” of Panzi Hospital. This model includes four components; medical treatment, psychosocial care, forensic and legal support, as well as socioeconomic support. These components are all necessary to provide survivors a chance to secure a better future for productive and hopeful lives.

The SSV-Project, along with other projects at Panzi Hospital, also include elements of education, sensitization and awareness-building around issues of sexual and reproductive health and rights. In addition, sensitization and capacity building around these issues are provided for medical professionals, the judiciary and the police.

THE FOURTH PART OF THIS REPORT focuses on the work of Panzi Foundation DRC, whose vision is to promote women as full actors in development and agents of change in society. Panzi Foundation also promotes access to maternal health and is an advocate for the rights of women throughout South Kivu Province. It goes without saying that the projects and activities of Panzi Foundation complement those of the hospital and support its activities in various ways.

I invite you to learn more about the work of Panzi Hospital and the Panzi Foundation. We have already taken great strides in providing specialist, quality healthcare in a region desperately under-served, yet with your support we can take a step further and catalyze meaningful improvements in the lives of the people of South Kivu, and the Democratic Republic of Congo.

Thank you.

Dr. Denis Mukwege
Medical Director
Panzi Hospital



HOPITAL
Général de Référence de
Panzi

8ème CEPAC
BP: 266 Bukavu, R.D.Congo

HOPITAL GENERAL DE REFERENCE DE PANZI

DEPARTEMENT DES OEUVRES MEDICALES

SERVICES ORGANISES:

SERVICES MEDICO-TECHNIQUES

- PHARMACIE
- LABORATOIRE
- RADIOGRAPHIE ET MAMMOGRAPHIE
- ENDOSCOPIE
- ELECTROCARDIOGRAMME (ECG)
- COLPOSCOPIE
- OPHTHALMOLOGIE
- DENTISTERIE
- ECHOGRAPHIE
- DIALYSE PERITONIALE

SERVICES MEDICAUX

- SERVICE EXTERNE
- MEDECINE INTERNE
- CARDIOLOGIE - DERMATOLOGIE
- PEDIATRIE - NEONATOLOGIE
- CHIRURGIE - ORTHOPEDIE
- ANESTHESIE ET REANIMATION
- GYNECOLOGIE - OBSTETRIQUE
- SERVICES DES URGENCES
- SOINS INTENSIFS

SERVICES ANNEXES

- NUTRITION (CNS/CMT)
- NAISSANCE DESIRABLE
- PRISE EN CHARGE DES FEMMES ET FILLES VICTIMES DES VIOLENCES SEXUELLES
- CENTRE DE FORMATION ET REPARATION DES FISTULES URO-GENITALES
- INSTITUT TECHNIQUE MEDICAL
- CLINIQUE JURIDIQUE

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Activity Report for Panzi Hospital 2013

PANZI GENERAL REFERENCE HOSPITAL, located in Bukavu, Democratic Republic of Congo, is a referral center for the surrounding regions of South Kivu. It is managed by CEPAC (Communauté des Eglises de Pentecote en Afrique Centrale), a Congolese Christian denomination.

The mission of Panzi Hospital is to provide the best possible health care for local communities; and the hospital's vision is to be a teaching hospital: aiming for excellence both in health care and education.

The hospital has four main departments:

- Department of General Internal Medicine, including cardiology, pulmonology, rheumatology and a dialysis unit
- Department of Surgery, including an anesthesiology service and an intensive care unit
- Department of Gynecology and Obstetrics, including a maternity ward
- Department of Pediatrics, including a neonatology unit

Additionally, the following services are offered at the hospital:

- Outpatient clinics for Family medicine, Ear-, Nose and Throat (ENT), Dermatology, a Dental Clinic, and an Optometrist
- A radiology unit including a mammography unit and echography
- Endoscopy unit
- Laboratory
- Blood bank

The hospital has 450 beds, with 250 beds dedicated to survivors of sexual violence and women who are in need of specialist gynecological care through the SSV-Project.

	2013	2012
Consultations Total	17,488	17,777
Admitted Patients	15,594	11,069
Deceased	304	177
Number of In-Patient Treatment Days	140,465	105,896

Comment: Consultations include the total number of consultations in all outpatient clinics. Admitted patients refers to all admitted patients in all services. Number of inpatient treatment days includes patients in the SSV-Project, some of whom spend 3 months in hospital, as well as women with high-risk pregnancies who can spend several weeks as inpatients before delivery.



Department of Internal Medicine

	2013	2012
Admitted Patients	1,439	1,372
Deceased	80	55
Consultations (ambulatory)	2,808	2,521

Comment: Number of ambulatory consultations includes both new and repeat patients. Included are consultations in internal medicine, cardiology, pneumology and dermatology.

Special events

A dialysis unit was inaugurated in September, with a capacity for 5 patients to receive hemodialysis at the same time. Staff training for the unit began in early 2013 at a specialist dialysis unit in South Africa, and further instruction and training took place locally before the first dialysis treatment began. The unit is the only one of its kind in Eastern and Central Congo and is a valuable addition to the services provided by Panzi Hospital. However, due to the cost of the treatment, access to emergency dialysis care remains a challenge.

In addition, access to quality, and essential medications for many conditions, such as tuberculosis, is also a significant challenge.

Staffing

A nephrologist and pulmonologist were added to the staff in October, bringing the number of specialists in Internal medicine (including a dermatologist) to 6.

There are now 6 fulltime junior doctors, of whom 4 are residents (doctors under specialist training).



PHOTO: MATILDA HECTOR

Chance working in the hospital pharmacy.

Department of Surgery

	2013	2012
Admitted Patients	2,643	1,064
Deceased	11	17
Consultations (ambulatory)	3,388	2,064

Comments: The number of ambulatory consultations refers to both new and repeat patients. Included are general consultations, orthopedic and pediatric surgery, and treatment of ear-nose and throat infections.

Special events

In January and September professor Guy-Bernard Cadière from Belgium and his team visited Panzi hospital for 5 days, where they performed laparoscopic surgery. In January/February and October/November Dr Hans Axelsson from Sweden spent a total of 10 weeks assisting and supervising the surgeons with laparoscopic and other surgeries.

Staffing

A new specialist in anesthesiology has joined the department during the year, bringing the total number of specialists to 5 (2 anesthesiologists, 3 surgeons). There are 6 junior doctors (residents) under specialist training.

Department of Gynecology/Obstetrics

	2013	2012
Admitted Patients	2,710	2,789
Deceased	4	0
Consultations (ambulatory)	4,536	4,200

Comment: Number of ambulatory consultations include both new and repeat patients.

Maternity ward

	2013	2012
Normal Deliveries	2,715	2,534
Cesarian Sections	892	912
Deceased Mothers	4	7
Total Deliveries	3,602	3,445

Staffing

There are 3 specialists in Gynecology and Obstetrics at Panzi hospital and 11 junior doctors under training (residents), with the plans in place to increase the number to 15 from 2014.

Department of Pediatrics

	2013	2012
Admitted Patients	1,295	1,898
Deceased	87	95
Consultations (Ambulatory)	2,808	2,592

Comment: Number of ambulatory consultations include both new patients and repeat visits.

Neonatology ward

	2013	2012
Admitted Patients	702	n/a
Deceased	77	n/a

Comment: Before 2013 patients were only recorded in the respective departments.

Staffing

There are 2 specialists in pediatrics and 8 junior doctors under training (residents) one of whom has additional training in neonatology and runs the neonatology ward.

Common Units for All Services

Emergency Unit

	2013	2012
Short Stay Patients	2,446	n/a
Transferred to Ward	2,122	n/a
Ambulatory	295	n/a
Deceased	25	n/a

Comment: The Emergency unit has space for short-term stay. That is, patients are kept on a stretcher or in a bed in the emergency unit for observation of up to 12-15 hours. If the patient cannot return home they are transferred to the appropriate ward. Before 2013 patients were only recorded in the respective departments.

Operating Theatre

	2013	2012
Major Operations	2,760	2,329
Minor Operations	1,396	1,535
Total	4,116	3,864

Comment: The number of operations include interventions from the departments of surgery, gynecology (including fistula repairs) and from the ENT clinic.

Intensive Care Unit

	2013	2012
Admitted Patients	476	n/a
Deceased	121	n/a

Comment: Before 2013 patients were only recorded in the respective departments.

Imaging

	2013	2012
X-rays	6,055	4,962
Echographs	8,643	7,148
ECG	514	177
Endoscopies	238	64

Laboratory

	2013	2012
Total number of analyses performed	275,581	196,707

Varia Consultations

	2013
Family medicine	2,892
Neuropsychiatry	252
Dentistry clinic	504
Ophthalmology assistant	300

Mobile Clinics

	2013
SSV patients (UNICEF sponsored)	784 (1 man, 73 girls < 18 years)
Patients with gynecological problems	424 (36 men, 33 children < 18 years)
SSV patients (SV sponsored)	440 (8 children)
Patients with gynecological conditions	2,844
Patients treated and/or transferred to hospital for other medical conditions	370 (including 178 men)

Comment: Panzi Hospital and Foundation have two mobile clinics supported by UNICEF (9 months 2013) and Stichting Vluchteling (SV).

“

*God bless Dr. Mukwege
and all the staff, you're all that
I have, the world's best.”*

A patient

Projects administered by Panzi Hospital

HIV/AIDS: The Stephan Lewis Foundation (Canadian NGO) provides antiretroviral medications, education, psychosocial and economic assistance to people living with HIV/AIDS. A total of 5,987 patients were tested (4,485 women, 1,502 men). 341 patients tested positive (229 women, 112 men), and 56 were un-determined (42 women, 14 men).

Nutrition: Diagnosis and treatment of malnutrition for children aged between 6–59 months (635 beneficiaries), as well as education in nutrition for parents is provided through support from Läkarmissionen (Swedish NGO).

Maternal Health Care and Family Planning: Läkarmissionen financially support high-risk pregnancies, with 2,995 women benefitting from this service in 2013. Läkarmissionen also supports a family planning clinic and over 1,700 women/couples received advice in 2013, of which 63 women and 33 men chose a family planning method.

Neonatal Unit: A neonatal unit to ensure optimal care, as well as financial assistance (788 beneficiaries) is supported by Läkarmissionen.

SSV-Project: Through financing from the European Commission, PMU (Swedish NGO) provides care to survivors of sexual violence and women in need of specialised gynaecological assistance through the SSV-Project. See the Special Focus of this report for more information.

During 2013, the project provided medical care for 2,769 patients, including 2,756 women and 13 men. Of these, 1,772 patients were survivors of sexual violence (SSV) and 412 were under the age of 18. The rest, 997 patients were gynecological patients, of which 32 were under the age of 18. Psychosocial assistance was provided to 1,683 SSV patients and to 997 gynecological patients.

Fistula repair: The Fistula Foundation and Engender Health specifically fund fistula repair. Through the support of these organisations 30 and 154 women respectively were treated. These surgeries are included in the total number of operations listed in the article above.

Capacity Building Project: The hospital administration at Panzi is strengthened as a part of a bigger programme funded by Sida and co-funded by PMU and Läkarmissionen.

Mobile Clinic: During 2013, mobile missions in Kalehe and Kabare territories provided medical



The laboratory at Panzi Hospital performed 275,581 analyses 2013.

PHOTO: MATILDA HECTOR

and psychosocial assistance to over 700 survivors of sexual violence and more than 600 women with other reproductive trauma. The project also supported selected hospitals and health centers in these territories with medicines and material, and helped train medical staff. The project also co-financed the children's space at Panzi Hospital (aire de jeux). Funded by UNICEF.

AESDI: Provides care for children born as a result of rape, as well as care for young girls raped and rejected by their families (110 women and girls, 201 children and 20 women living with HIV/AIDS). Funded by Läkarmissionen.

CFF (centre de formation de femmes): Offers skills training for raped women and girls. In addition CFF provides training for the wives of men attending pastor training at Université Evangelique en Afrique (80 beneficiaries). Funded by Läkarmissionen.

Coordination of clinics: Contributes to the functioning of the CEPAC medical clinics throughout South Kivu province. Funded by Läkarmissionen.

Physicians for Human Rights: Builds capacity for collecting court admissible evidence of sexual violence to support local and international prosecutions of these crimes. They introduced the systematic collection and documentation of evidence of sexual violence (medical-legal certificates). ■

“

*I have never seen or heard
of any other project like the
SSV-Project. God bless you.”*

A survivor of sexual violence

The SSV-Project: 10 Years On

Since 2004, Panzi Hospital has been providing integrated care to survivors of sexual violence and women in need of specialised gynaecological assistance through the SSV-Project. Women, and to some extent men, have been offered medical, psychosocial, legal and socioeconomic support all at one place. This has been made possible through funding from the European Commission, PMU and the Swedish Government through Swedish International Development Cooperation Agency (Sida).

THE GENERAL REFERRAL HOSPITAL OF PANZI was established in 1999 to provide support and assistance to pregnant women in the community who lived too far away to access the General Referral Hospital of Bukavu. Panzi Hospital's first surgical patient was a woman who had been brutally raped and unfortunately it turned out that she was not alone. The need to provide specific support to these women was apparent. Together with one of its partner organisations, PMU in Sweden, Panzi Hospital submitted a project proposal to the European Commission Humanitarian Aid and Civil Protection Department (ECHO), and received the first funding in January 2004.

Sexual violence is widespread in the Democratic Republic of Congo, particularly in the east, but it is also linked to a larger problem of women's vulnerabilities. Maternal health care services are poor and the country has one of the highest rates of maternal mortality in the world. Many women experience severe gynaecological conditions, such as obstetric fistula, due to inadequate assistance at childbirth. Women suffering from fistula, prolapse and other similar conditions are often incorrectly diagnosed and/or treated. This is the result of a number of issues including the weak capacity and lack of resources in local health facilities, as well as the low awareness among the population that these conditions can be treated.

THE SSV-PROJECT has always provided support for survivors of sexual violence alongside women in need of specialized gynaecological care. To focus only on sexual violence would present two separate risks: firstly that SSVs who need assistance would not seek help because of fear of stigmatization. Secondly, to avoid a situation where women

may claim that they have been violated in order to receive free care for other health problems.

Since the project's inception, patients receive both medical and psychosocial care and the quality of care has developed over the years. Services have always been free of charge and offered specifically to the most vulnerable. It was soon recognised that in order for patients to fully recover and reintegrate into society socioeconomic support was essential. The project then integrated different types of skills trainings, such as basket weaving and soap production, into the project and patients can choose to participate while they undergo treatment. Some patients also requested legal support to seek justice and bring their cases to court. Collaboration with legal actors was established to inform the survivors of their rights and offer support in case they wished to press charges. A holistic model of care was thus developed to increase the patients' chances of not only survival and return to stable health, but also the return to a dignified life.

Some 32,247 patients have received support from the SSV-Project at Panzi Hospital between 2004 and 2013.

Among them, 19,176 were survivors of sexual violence and 13,071 were women in need of specialized gynecological care. This has been made possible through financing from the European Commission's Humanitarian Aid and Civil Protection department (ECHO) with different phases co-financed by PMU and Sida. The total amount granted by ECHO for the 10 years is 6,175,000 EUR.

In 2013, the project's annual budget was 1,131,400 EUR funded by ECHO (79.55%) and PMU (20.45%). January 2014 will see the start of the eleventh phase and the SSV-Project will continue to support the most vulnerable women, men and children. ■

The Panzi Model of Holistic Care

In 1999, Panzi Hospital was one of the first actors in South Kivu to focus specifically on survivors of sexual violence and therefore has considerable experience in related care. There is a qualified team working to provide treatment and support to the survivors that includes medical doctors, psychologists and psychosocial assistants who have specialised training on sexual violence. The hospital also has a lot of experience working in collaboration with legal and socioeconomic actors.

THE PANZI MODEL as implemented through the SSV-Project includes medical treatment, psychosocial care, forensic and legal support and socioeconomic training. The following sections provide an overview of each of the components that make up the Panzi Model of Holistic Care.

Medical Treatment

The medical care offered to admitted patients takes into consideration their complete health situation and seeks to respond to the specific needs of each person. The care offered for survivors of sexual violence and women in need of specialised gynaecological care follows specific protocols according to national and international standards. Before the medical examination the medical doctor explains the procedure and the patient signs a consent form allowing him or her to conduct the examination.

All patients are offered to undergo an HIV-test. Medical conditions that are not related to gynaecological conditions or sexual violence are also treated to make sure that the patient can recover fully. The various specialists available at Panzi Hospital are consulted for conditions related to cardiology, internal medicine, radiology, etc.

Psychosocial Care

When admitted, the patient is assigned a psychosocial assistant (a nurse with psychosocial training) who is the contact person for the duration of their stay at Panzi Hospital. The patient receives a consultation from a doctor and a psychologist, who together with the patient decide on a programme for her/his recovery.

The psychosocial care offered includes psychological therapy, such as treatment for Post-Traumatic Stress Disorder (PTSD) and individual and group counselling. All patients are also invited to participate in psychosocial activities such as drama and music therapy. Patients suffering from depression, anxiety and other psychiatric conditions are referred to the psychiatrist at Panzi Hospital for treatment.



A Psychosocial Assistant meets with a patient.

PHOTO: MATILDA HECTOR

Forensic and Legal Support

A medical doctor who is trained in forensics offers the survivor a medical certificate that is valid in court if s/he wishes to press charges. Individual legal counselling by trained legal advisors is offered to all patients and legal support is provided if the patient decides to introduce her case to court. In addition, legal awareness sessions are open to all patients, and psychosocial assistants counsel each patient on her rights and opportunities for legal action on any issue related to gender based violence. All legal activities are provided in collaboration with the Legal Clinic at the Panzi Foundation. The medical certificate has been developed by Panzi Hospital in partnership with Physicians for Human Rights.

Socioeconomic Training

During their stay at Panzi Hospital the patients are offered educational activities in literacy and household financial management. Skills development is also offered to the patients, including sewing, flower and basket making, soya milk and soap production and knitting. The educational and skills development activities also act as a therapeutic activity during recovery. Further socioeconomic training is mainly available through referrals to other actors, including Maison Dorcas, Mamas for Africa and Commission Diocésaine Justice et Paix (CDJP). ■

The SSV-Project creates community awareness about gender based violence

The SSV-Project conducts sensitisation activities every month to inform people about the importance of seeking health care as soon as possible after rape and the services available at Panzi Hospital.

THIS IS TO ENCOURAGE WOMEN to receive care within 72 hours, the ideal timeframe to reduce the risk of contracting HIV. The sessions include information on women's rights and on risks associated with labour. From the project's perspective the dual purpose of these sessions is to make sure that eligible patients can access the project and to reduce discrimination of survivors. It is also key from a prevention perspective where both women and girls and people around them know their rights and potential perpetrators learn that sexual and gender based violence is a crime and that they can be prosecuted for it.

Considering the young age of many of the project's patients and the lack of general reproductive health education for teenagers, the SSV-Project visits secondary schools to teach students about their rights and about sexual violence. HIV and other sexually transmitted diseases are also discussed. The project's communication officers conduct the trainings, in collaboration with the teachers. The project has received positive feedback from pupils who are keen to learn about their rights and how to prevent sexual and gender based violence. In 2013 the SSV-Project visited 15 secondary schools in Bukavu and neighbouring territories, reaching a total number of 2,154 girls and 2,275 boys. Most of the students are between 12 and 18 years old.

CHRISTIANITY IS THE LARGEST RELIGION in DRC, followed by over 80% of the population. Furthermore, the Pentecostal Church, CEPAC, manages Panzi Hospital and therefore the SSV-Project conducts outreach education sessions in churches, both Pentecostal and to those of different denominations. This provides an opportunity to reach both men and women in the community in order to discuss sexual and gender based violence, as well as provide information on the need to seek medical care after rape and during a pregnancy. It is also an

occasion to correct false perceptions about fistula and inform women that it is repairable in most cases.

Panzi Hospital is located in Bukavu and most of the community sensitization activities take place in its vicinity. But the SSV-Project also has partnership agreements with a large number of local organisations all over the province that receive regular training on the same issues and on how to correctly identify and refer patients to local health centres or Panzi Hospital.

DURING FIELD MISSIONS the SSV-Project train staff at local health centres in maternal health care, care of survivors of sexual violence and the identification and referral of fistula patients. Considering the vast distances it is always best if a woman can be treated near her home, but the health staff are informed which cases they should refer to Panzi Hospital or another competent institution for specialist care. If a woman needs surgery it is essential that she is tended to by a qualified surgeon who, in the case of fistula reparation, has received at least 9 months of specialist training. This specialist training is needed to ensure quality of care, especially since a failed attempt substantially lowers the chances of a successful reparation. The training of medical staff is always held in conjunction with trainings of partner organisations in the same area and sensitisation of local leaders and the community.

Apart from medical staff the SSV-Project also collaborates and trains the police. This was initiated when the project noticed that the police referred survivors to the project, but only after they had gone through the legal proceedings. The trainings focus on why it is important that survivors of sexual violence get to a health care facility as soon as possible, especially within 72 hours of rape, and the importance of prioritizing their health before any judicial process.

In order to reach the wider community the SSV-Project produces weekly radio broadcasts on Radio Maendeleo and has been doing so since 2004. In 2012, contracts were signed with additional radio stations to increase the coverage throughout the province. The communication officers lead the programs, with topics covering all aspects of women's rights and health. The content is varied with information, interviews with specialists and questions phoned in by the listeners. ■

Challenges for **the Future**

Today, ten years after the SSV-Project was initiated the need for support for survivors of sexual violence and women with gynaecological conditions unfortunately remains great. Throughout the years the number of survivors of sexual violence seeking health care has fluctuated, increasing again in late 2013. The SSV-Project therefore foresees continued operation, and PMU is currently seeking more long-term funding sources.

ONE OF THE REASONS why so many patients seek care at Panzi Hospital is the lack of quality health care elsewhere. Panzi Foundation is therefore developing a more in-depth training of health centre personnel, in order to spread the Panzi Model of holistic care to primary health institutions throughout the province. Funding permitting, Panzi Foundation will also support certain centres with continued mentoring and supplies.

“ *Honestly, this project allows us to give hope to women. I wonder what would have happened to these women without the help of PMU and ECHO.* ”

SSV-Project staff member

Whereas the medical care has challenges in South Kivu, accredited psychosocial support is virtually non-existent. With funding from Norwegian Church Aid, Panzi Foundation has worked in collaboration with the local health authorities to develop a training module based on the national protocols for psychosocial care. In 2013, one nurse in each health centre in South Kivu received basic training and the trainings will continue in 2014. In addition to nurses, psychologists or medical doctors in charge of psychosocial care at hospitals will be trained with the purpose of improving mental health care throughout the Congolese health structure.

PANZI FOUNDATION IS CREATING a research centre together with the Evangelical African University and University of Michigan to improve data collection and support academic research. It recently received funding from Research Council



PHOTO: MATILDA HECTOR

of Norway through a partnership with the Peace Research Institute Oslo (PRIO), which will ensure the research centre is established. Objective research will enable Panzi Hospital and Foundation to further build its capacity and target support to areas with the greatest potential impact to improve women's situation. ■

Year	SSVs	Gynecological cases	Total
2004	1,974	590	2,564
2005	2,574	1,018	3,592
2006	1,908	1,558	3,466
2007	2,586	2,000	4,586
2008	2,009	1,426	3,435
2009	1,902	1,474	3,376
2010	1,936	1,437	3,373
2011	1,177	1,394	2,571
2012	1,338	1,177	2,515
2013	1,772	997	2,769
TOTAL	19,176	13,071	32,247



PHOTO: SARA ERLANDSSON

Mamy Kulila Mawazo is the coordinator of the Psychosocial Assistants.

Interview with **Mamy Kulila**

Could you please tell us about yourself?

– My name is Mamy Kulila Mawazo. I have an undergraduate degree in nursing and am a psychosocial assistant by training. I have been working with the SSV-Project here at Panzi Hospital for 10 years, and I am now the coordinator of the psychosocial assistants.

What motivated you to work with the SSV-Project?

– In fact, what motivated me is the compassion I have always felt towards people in need. Since my youth, I love to listen and provide support to other people. I am proud to work as a psychosocial assistant, and always do my work with great joy. This institution gave me the opportunity to serve people in difficult conditions, especially women survivors of sexual violence.

What do you think about women's care since 2004?

– Panzi is the ultimate source of hope to the women who come here. There is a lot of support and the care is improving from day to day.

After ten years, what are the challenges that the project faces?

– The first challenge is that of the poor conditions of housing outside the hospital for patients who are not hospitalised. Secondly, socioeconomic and reintegration support to discharged patients need to be improved. Thirdly, the need for care is great and we often have to turn away patients who do not fulfil the criteria. ■



PHOTO : MATILDA HECTOR



PHOTO: SARA ERLANDSSON

Women in a Reflect Circle, a participatory adult literacy method.

Panzi Foundation DRC

Panzi Foundation DRC aims to ensure the vision of its founder to promote women as a key actor for the development of society. The Foundation believes in the equal rights of women, men, boys and girls.

TO ACHIEVE ITS VISION, the Foundation works to support and assist survivors of gender-based violence and their dependents; fight against sexual violence; support the activities of the Panzi Hospital; increase access to health care, in particular maternal health, especially for the poorer part of the population in the Democratic Republic of the Congo; and promote and protect the rights of women. The mission of the Panzi Foundation DRC is twofold, to fight against all forms of gender-based violence and provide holistic care to survivors of sexual violence; and to contribute to the empowerment of women and their leadership skills.

Currently, Panzi Foundation DRC has four institutions: a legal clinic, City of Joy, Maison Dorcas (transit house), and the International Center for Advanced Research and Training (ICART). During 2013, nine projects were implemented through the Foundation, funded by various donors (see table below). The projects target different parts of South Kivu, as indicated in the map below.

During 2013, projects and activities under Panzi Foundation DRC have provided medical care to 1,119

survivors of sexual violence, and 2,623 beneficiaries have received psychosocial support through different outreach projects and activities. A total of 2,844 women suffering from severe gynecological conditions have been consulted through the mobile clinic.

Through the fistula outreach program 552 women have been repaired, and the outreach team has identified several other women in need of fistula surgery. Since February, 200 women who survived sexual violence received reparations support after legal procedures in an effort to facilitate their socio-economic reintegration and access to justice. Another 537 women received legal support through the Ushindi project, and 411 women have been provided with legal assistance and representation through the legal clinic.

Through other activities and projects under Panzi Foundation DRC, more than 1,300 women received socioeconomic reintegration support of different kinds. The following table depicts details of the projects that were implemented through the Foundation in 2013. ■

Project	Main objective	Key results
<p>Enhancing women's rights through legal assistance – support to 4 projects under the Judicial Clinic (see below).</p> <p>Donors: Open Society Initiative Southern Africa (OSISA), Eastern Congo Initiative (ECI), UN Women, UN Joint Human Rights Office</p>	<p>Enhance women's rights through legal assistance and representation in South Kivu and strengthen local capacities to monitor abuses and improve protection of women's rights. Specifically, focus is on ensuring access to justice for survivors of violence from remote areas and empowering local communities to protect women's rights through a community-based protection mechanism.</p> <p>During 2013, a reparations project has also been implemented.</p>	<p>In 2013, the Judicial Clinic helped file 411 complaints to the justice system linked to sexual and gender-based violence. 133 cases were introduced in court, and a total of 61 judgments were obtained over the course of the year.</p> <p>The reparations project was implemented over 6 months (March-September 2013), serving 200 women with a reparations kit to a value of 250 USD.</p>
<p>Ushindi</p> <p>Donor: USAID via IMA World Health</p>	<p>The aim of this 5-year (2010–2015) project is to implement holistic approaches to combat Sexual and Gender Based Violence (SGBV) in Eastern Congo by 1) increasing access to timely and quality services for individuals affected by SGBV; 2) improving the quality of services and interventions for individuals and communities affected by SGBV; and 3) reducing the vulnerability of individuals to future acts of abuse and violence.</p> <p>The project is implemented in three provinces, and Panzi Foundation DRC is the implementing partner in South Kivu. Technical partners are the American Bar Association, CARE, Save the Children, and Children's Voice. As a partner in the consortium, Panzi Foundation provides services to ensure quality holistic care in 36 health areas in the health zones of Shabunda, Kitutu and Mwenga.</p>	<p>Since 2010, the project has ensured psychosocial services to over 5,000 beneficiaries, medical services have reached more than 3,000 women, legal services have reached more than 2,000 beneficiaries and reintegration services has targeted over 2,000 survivors of sexual violence. A total of 170 Village Savings and Loaning Associations have been registered since the beginning of the project.</p> <p>For 2013, 1,465 survivors of SGBV received psychosocial support. 679 survivors of sexual violence received medical care, 232 survivors of them received medical care within 72 hours. For legal support, the project received a total of 537 demands for assistance, out of which 132 cases were linked to sexual violence. 166 cases were accompanied to court, of which 106 were cases of rape.</p>
<p>Project of care and multi-sectoral support to survivors of GBV by training of health personnel in South Kivu</p> <p>Donor: Norwegian Church Aid</p>	<p>The aim of the project has been to provide nurses in health centers with basic training on the understanding of trauma in order to increase their capacities to identify various trauma, assess needs and to know how and where to refer complex cases. The provincial health inspection is a key actor in the implementation of this project, in order for them to conduct follow-ups and collect reliable data.</p>	<p>During the third phase a total of 819 health care personnel have been trained. Focus was primarily on nurses to develop their capacity as first-respondents to psychological trauma. A total of thirteen themes were covered including definition of trauma, resilience, mourning and grief; specific disorders resulting from trauma; assessing trauma in the clinical setting; referral to general hospital and community programs; sexual and gender-based violence; care for caregivers; and guide to documentation and follow-up.</p>
<p>Develop medical and psychosocial care to survivors of sexual violence throughout local clinics in the countryside</p> <p>Donor: Stichting Vluchteling</p>	<p>Strengthen synergies in the fight against sexual violence and gynecological pathologies in DRC. This includes, transferring Panzi Hospital experience to seven health zones (Kaniola, Kamituga, Nundu, Walungu, Mubumbano, Lemera and Kimbi-Lulenge) in order to strengthen local capacity in South Kivu to provide medical and psychosocial assistance to victims of SV and gynecological pathologies; and ensure coordination in reference system used to select cases in the prevention and taking care of survivors of SV and gynecological pathologies.</p> <p>The mobile clinic consists of a multidisciplinary team that includes physicians, psychologists, nurses, and social workers. Together they provide prevention and rapid response to survivors of sexual violence and women suffering from severe gynecological conditions in parts of South Kivu.</p>	<p>In 2013, the project conducted 37 mobile visits. The mobile clinic has in total identified 3,610 beneficiaries (survivors of sexual violence and other gynecological pathologies). A total of 420 survivors of sexual violence were provided with medical consultations after 72 hours, whereas 20 survivors were treated within 72 hours.</p> <p>2,844 women suffering from severe gynecological conditions were received in the project. 178 men were treated for gender-based violence, including STDs. 161 cases (in both categories) were transferred to Panzi Hospital for continued medical care and another 31 cases were transferred to other hospitals.</p> <p>A total of 1,161 beneficiaries (both categories, including men) received basic psychosocial support. A total of 6,098 women, 964 men, and 470 local leaders participated in awareness-raising sessions, focusing on subjects such as the legal framework for sexual violence, human rights, prevention of sexual violence and the importance of community involvement.</p>

Project	Main objective	Key results
<p>Project Badilika</p> <p>Donor: Swedish Postcode Foundation</p>	<p>“Badilika” means “change” in Swahili, and the project focuses on the promotion of human rights, good governance, and development by promoting a change in attitudes and behaviors. More specifically the project aims to:</p> <ul style="list-style-type: none"> ■ Promote human rights in general and women’s rights in particular; ■ Raise awareness of citizens to know their rights and duties; ■ Raise awareness of Congolese citizens on the accountability of leaders vis-à-vis their citizens; ■ Promote the creation of a movement for change in attitudes and behaviors in order to achieve greater societal change; ■ Advocate for good governance and the promotion of democratic values. 	<p>During the first twelve months of the project a number activities were implemented. These included; workshops to launch the project; conferences to promote human rights in general and women’s rights in particular; the creation of “Badilika clubs” for university students; production of a pamphlet with information on the project and how one can become an agent of change; radio broadcasts on two local radio stations discussing key concerns such as corruption and good governance; and a football tournament in association with a local youth association. A website has been launched and a total of 15 local organizations have received financial support for their advocacy work (11 in South Kivu, 2 in North Kivu and 2 in Maniema/Kindu). Each organization receives 1,000 USD per month, providing that they conduct their advocacy activities and submit timely reports. Moreover, technical support was provided to local advocacy agents (the leaders of the 15 grassroots organizations financially supported through the project).</p>
<p>Use and evaluation of post-exposure prophylaxis kits (PEP)</p> <p>Donor: Global Strategies</p>	<p>The project was launched in February 2013 and focuses its activities in four health zones (Mulamba, Ibanda, Nyangezi, and Lemera), targeting a total of 10 sites. Through the project, these health zones are provisioned with a specific selection of Post Exposure Prophylaxis (PEP) kits. Part of the project is also focusing on developing data collection tools in order to track inventory and monitor possible side effects.</p>	<p>397 PEP kits have been distributed within 72 hours to survivors of sexual violence in the target sites. This means that 91 % of the survivors reaching the sites within 72 hours were provided with a Post Exposure Prophylaxis kit.</p>
<p>Protection of transmission from mother to child</p> <p>Donor: Roi Baudouin Foundation</p>	<p>The project focuses on community awareness raising in the health zone of Mulamba, in the territory of Walungu. The aim is to encourage pregnant women to accept free HIV-testing and to provide proper care to women suffering from HIV, in order to eradicate the transmission to their children. The project started in May 2013.</p>	<p>Between May-December 2013, 1,228 people received information about HIV/AIDS. A total of 1,040 women received counseling while visiting the Mulamba reference clinic before giving birth, and 946 pregnant women were tested. Six women tested positive, and all of them received ARV. All 6 of them delivered children infected with HIV, of which 5 of them have received ARV for children. A total of 47 accompanying men agreed to be tested, of which 2 tested positive. Between May-December a total of 1,119 births were registered at the clinic in Mulamba.</p>
<p>Fistula Care outreach program</p> <p>Donor: multiple donors, including Fistula Foundation and Engender Health through their projects at Panzi Hospital</p>	<p>The program provides medical care to women suffering from fistula throughout South Kivu and neighboring provinces. A medical team from Panzi Hospital travels to other health zones and provinces upon request from local authorities. A sensitization campaign is followed by a reparations campaign, where simple cases are treated on-site, whereas complex cases are transferred to Panzi Hospital for further care.</p>	<p>During 2013, the outreach team visited Kasai Oriental, North and South Katanga, and Province Orientale. A total of 341 fistulas were repaired through the program in 2013. The vast majority are a result of obstetrical complications.</p>
<p>Roof for survivors</p> <p>Donor: Roi Baudouin Foundation, Panzi Foundation USA</p>	<p>Roof for survivors is a program that aims to provide material support for funding purchases used for the construction of houses for female survivors of sexual violence. The beneficiaries receive on average 20 sheets of roofs and accessories, to a value of approximately 400 USD per beneficiary.</p>	<p>In 2013, a total of 50 women in Kavumu and Katana (Kabare territory) received 20 roofs each and other material needed to build a house. The first distribution took place in 2012, where 250 women in and around Bukavu town received 10 roofs to facilitate the construction of a house.</p>
<p>The One Stop Center program</p> <p>Partners and donors: Channel Initiative, French Ministry of Foreign Affairs, Stichting Vluchteling</p>	<p>The aim is to scale Panzi’s unique one-stop holistic care model to reinforce the national health infrastructure in Congo, and in so doing, ensure that all Congolese women have primary access to the same quality and range of services offered by Panzi, in their own communities. Scaling will take the form of training and reinforcing existing facilities, and in communities without access to facilities the development of Panzi one stop centers.</p>	<p>To date the Foundation has one existing center in Walungu territory (financed by Stichting Vluchteling), and will begin construction on a second center in Minova territory (funds from the French Ministry of Foreign Affairs) and is actively seeking funding for a third center in Mwenga. Channel Initiative has provided equipment to the existing center and technical support for the development of the One Stop Center care model.</p>

Project	Main objective	Key results
Institutions under Panzi Foundation DRC		
<p>Maison Dorcas (1-3)</p> <p>Donor: NCA, PMU, Stephen Lewis Foundation, Jewish World Watch, UNICEF, Donation Axelsson</p>	<p>Maison Dorcas, established in 2003, provides extended post-acute shelter, literacy and skills training, and trauma treatment for women survivors and their children who otherwise have no place for shelter. Its specific objectives are to provide accommodation for survivors in two transit houses, to fight against stigmatization of survivors of sexual violence or other gynecological pathologies, as well as people living with HIV/AIDS; to fight against child malnutrition; to provide skills-training and literacy training; and to provide survivors with knowledge and skills to start income-generating activities.</p> <p>Maison Dorcas is currently comprised of two small buildings (#1 and #2) and a third larger building (#3) that is under construction. Planned inauguration of the new Maison Dorcas is in July 2014.</p>	<p>During 2013, the two Maison Dorcas Houses together accommodated on average 23 women and 28 children per month. At Maison Dorcas 1, an average of 18 women per month participated in literacy training, 11 in embroidery and knitting classes, 25 women attended sewing classes, and 15 women learnt basket making. At Maison Dorcas 2, these numbers were on average (per month) 38 women for literacy, 31 for embroidery, and 31 women in sewing classes.</p> <p>1,000 women have received microfinance and reinsertion support in rural areas, and 2,400 children have been assisted in order to allow them to attend school.</p> <p>In preparation of the opening of Maison Dorcas 3, recruitment of key staff, equipping classrooms, and a review of current activities have been initiated.</p>
<p>City of Joy</p> <p>Donor: V-Day</p>	<p>A safe center for healing women from their past trauma through therapy and life skills programming while providing them with the essential ingredients needed to move forward in life. Its aim is to transform the pain of survivors of gender violence into power. They rebuild their lives by gaining knowledge about the leadership capacity of women and other skills that help them become free and economically independent. They get a package of courses and trainings.</p>	<p>In a year, City of houses 180 Congolese women from different provinces for six months. Since 2011, 311 women and girls have been emotionally healed and got the power to initiate self-help activities for self-sufficiency.</p> <p>On October 30, 2013, the fourth class women graduated and celebrated their femininity at City of Joy. On November 11, another 90 women and girls joined City of Joy.</p>
<p>Judicial Clinic</p> <p>Donor: see above</p>	<p>The Judicial Clinic was established in 2008, and started operating in 2009. It is a center of legal support, with the aim of facilitating access to justice for survivors of sexual and gender-based violence. The legal assistance is composed of free consultations, awareness raising, education on rights, and training of paralegals and local leaders. The legal representation component provides actual legal support to survivors in the courts.</p>	<p>Since the beginning, the project has responded to over 1,100 requests for legal assistance, and more than 600 cases have been brought to court. Over 43,000 people have been sensitized on the issue of women's rights, including through the distribution of more than 12,700 leaflets.</p>
<p>International Center for Advanced Training and Research (ICART)</p> <p>Donor: University of Michigan and the Norwegian Research Council through the Peace Research Institute in Oslo</p>	<p>The International Center for Advanced Research and Training was initiated in late 2011 in collaboration with the Evangelical University in Africa (UEA), supported by the University of Michigan. The research Center will serve as an incubator for new ideas, theories and solutions for some of the biggest challenges facing eastern DRC. University of Michigan is the main partner in this initiative, helping to develop research capacity for students, faculty and staff at Panzi Foundation/Hospital and UEA and to facilitate partnerships with international researchers, resulting in more highly trained individuals, and promoting sustainable impact on the local community.</p>	<p>In May 2013, the research center was awarded a one-year grant from the University of Michigan for infrastructure development and official start-up of the center. The research center is currently working on several research projects, including creating data collection forms, collecting patient data, and conducting basic analyses on fistula, cervical cancer, and malaria prevalence after blood transfusions. A research proposal was approved by the Norwegian Research Council in December 2013, through the Peace Research Institute in Oslo (Norway), that will allow for the start-up of broader research activities and provide training to local researchers and analysts affiliated with Panzi Foundation/Hospital or UEA.</p>

Financial Report for Panzi Hospital 2013

Income Statement in USD		
	2013	2012
Operating Revenue	1,940,672.31	1,681,621.26
Non-operating Revenue*	268,583.17	235,581.14
Gains On Sale Of Assets	14,226.30	13,395.25
HGR Revenue	2,223,481.78	1,930,597.65
HGR Expenses	2,218,695.42	2,005,504.63
HGR Balance	4,786.36	-74,906.98
Projects Grants		
SSV-Project	1,234,331.93	1,203,023.07
Lakarmissionen*	234,234.23	282,800.61
Stephen Lewis	403,900.00	401,911.33
Fistula Foundation	231,236.00	226,826.00
EngenderHealth	477,650.02	378,945.28
Project Revenue	2,581,352.18	2,493,506.29
Project Expenses	2,535,989.49	2,433,636.78
Projects Balance	45,362.69	59,869.51
Balance Sheet 31-12-2013 in USD		
ASSETS		
Current Assets		
HGR Total cash	387,084.32	726,772.63
Project Total cash	45,362.89	39,098.52
Total Current Assets	1,138,282.84	1,419,959.59
Total Inventory	670,148.79	226,348.88
Total Fixed Assets	3,508,707.17	3,232,054.17
TOTAL ASSETS	5,317,138.80	4,878,362.64
LIABILITY		
Total ST Liabilities	690,727.37	330,417.55
Total Net Assets	4,626,411.43	4,547,945.09
TOTAL LIABILITIES & NET ASSETS	5,317,138.80	4,878,362.64

* 67,567.57 (2013) and 102,654.20 (2012) posted directly in Hospital Non-operating revenue as they are intended for the daily functioning of the Hospital

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