



## **Holistic GBV and Fistula Program**

### **Project Description and Problem Analysis**

According to the United Nations Children's Fund, UNICEF, between 250,000 and 500,000 women and girls were raped during the genocide in Rwanda from April to July 1994. An estimated 20,000 children were born as a result of rape. Amongst the most common gynecological conditions for women survivors of these wartime rapes are traumatic fistula caused by grave sexual violence, and obstetric fistula due to obstructed labor in resource-limited conditions. These injuries include painful vesico-vaginal and recto-vaginal tears that result in chronic incontinence and are prone to infections. Women survivors of rape and fistula suffer a host of severe physical and psychological consequences as well as considerable stigma in their communities, which can lead to social isolation and often extends to their children. Furthermore, ostracism and physical constraints due to their condition restrict the women's ability to participate in economic activities, which leads to financial deprivation.

Physically ravaged, emotionally terrorized, and financially impoverished, many women survivors are apprehensive to attend local hospitals and clinics because of the fear that a doctor or nurse may have some relation to their suffering during the genocide, whether as a perpetrator or collaborator. Additionally, having to recount their story to the hospital staff is an uncomfortable and often traumatic experience.

Foundation Rwanda was established to improve the lives of women survivors of rape and their children by linking their mothers to existing psychological and medical support services and income generating activities, providing funding for the children's secondary school education, and raising awareness about the consequences of genocide and sexual violence through photography and new media. This work has been delivered in the safe, secure and confidential environment critical to supporting this particularly vulnerable and marginalized target group. The project proposals that Foundation Rwanda funds are developed in partnership with survivor-led organizations in Rwanda, that have laid the bedrock of trusting relationships upon which the Foundation Rwanda programs are first piloted and then scaled up so successfully to date.

Throughout our work with vulnerable women survivors, Foundation Rwanda has recognized the issue of fistula as a growing concern that has been insufficiently addressed. Thus, we have identified the pressing need for a comprehensive program to address the medical, psychological and social challenges of women survivors of rape and those suffering from fistula, as well as their children. As with all such work, the problem though cannot be addressed in isolation of other pressing and time-sensitive needs. Foundation Rwanda has thus developed a holistic approach that ensures that physical treatment is conjoined with psychosocial support that is enabling the women to rebuild their own lives, and in so doing the relationship with their children too.

### **Key Aims and Objectives**

Through this project Foundation Rwanda aims to improve the gynecological, psycho-social and economic well-being of women survivors of rape, particularly those suffering from fistula, as well as their children. We plan to:

- ★ Identify women suffering from fistula, who are living in shame and silence
- ★ Sensitize and empower women with fistula to confront their condition and to receive medical attention
- ★ Provide a safe and secure environment for fistula patients to receive gynecological medical attention.
- ★ Assist women who have given birth to children as a result of rape during the 1994 genocide, mainly to address issues surrounding disclosure
- ★ Document the counseling needs of children conceived from rape during the 1994 genocide against Tutsi, and their mothers

- ★ Provide the women with ongoing trauma counseling and advice from trained counselors.
- ★ Create a support network among the women where they can support and counsel one another and share their experiences around disclosure
- ★ Create a network of solidarity and friendship among their children

## **Methodology**

We intend to implement a large-scale, comprehensive program starting in January 2012, extending over two years, to holistically address the myriad challenges of women survivors of rape and those suffering from fistula, as well as their children.

In the first six months of the project we will prioritize the urgent needs of fistula patients. First, our needs assessment will identify fistula patients amongst our Foundation Rwanda mothers and the large pool of our partners' women beneficiaries. Currently we are undertaking a baseline survey of all 830 Foundation Rwanda mothers. These surveys are conducted individually by a counselor under complete confidentiality. Along with collecting information on their demographics as well as their children's well-being, women are encouraged to identify any health problems, including gynecological issues, with the help of the counselor. This data collection will allow us to effectively establish the number of fistula patients in need of treatment. With their consent, these women will be referred to our medical partner to begin their comprehensive treatment. It is estimated that amongst Foundation Rwanda mothers, SURF beneficiaries and its partners, we will identify 100 women who will have fistula-related gynecological problems that are operable.

Treatment will include pre-op counseling to help each patient cope with the psychological aspects of their condition in preparation for medical examinations. This may include up to three visits from a counselor to discuss with the patient what is physically involved in the process, and in so doing to build their confidence in seeking the treatment that will be made available to them.

Many women live in rural areas and have never been to a hospital nor traveled to the capital city of Kigali. To prevent further trauma and intimidation, our support will finance their transportation as well as the provision of a counselor to accompany each patient to all medical examinations, and to answer any questions about the process. Further, together with our proposed partner, International Organisation of Women's Development (IOWD), we will help cover the medical cost of the fistula repair surgery as well as up to two weeks of residential post-op care. Counselors will continue to visit the patients after their return home to ensure that they are maintaining the required post-operative regime and that there is no post-operative complications.

This phase constitutes the main part of the project, including the psychological component to prepare survivors for surgery as well as the actual examinations, surgery and post-operative care. It is envisaged that the operative fistula programme will be undertaken in one phase in 2012. With a view to provide long-term assistance and to establish a network among the women, patients will be offered the opportunity to participate in ongoing group counseling with other Foundation Rwanda mothers until the end of the project in January 2014.

In addition, we plan to scale up our assistance to our overall pool of women survivors who have given birth to children as a result of rape during the genocide. We will work with these women on a range of issues, including disclosure, trauma, life skills and empowerment. In particular, many women have expressed difficulty disclosing to their children that they were raped because it is traditionally shameful for the victim. Although some mothers have disclosed, many have not and have reported strained relationships with their children who persistently ask about their fathers. The mothers' unwillingness to disclose and the children's uncertainty about their parentage creates psychological problems for both. Through this component of work, we will assist women who choose to disclose as well as provide important ongoing counseling. Rebuilding the relationship of the women with their children is as important as fistula surgery in addressing the legacy of rape of the genocide.

To this end, we will first use our baseline survey for important data collection purposes. We have already trained staff of our local partner Kanyarwanda to undertake field visits to conduct the survey. Kanyarwanda has over twenty years of experience supporting victims of GBV – and their team of counselors has developed the strong relationship with this target group which will be vital for this delicate and complex phase of disclosure.

From the results, we will identify those women who have not yet disclosed but are interested in the possibility of disclosing or seek an ongoing support network. We have assembled an expert team of professors, PhD students and clinical psychologists to design the technical aspects and contents of a disclosure curriculum, including general trauma counseling, in collaboration with Kanyarwanda staff. Additionally, we will recruit qualified local postgraduate psychology students from the National University of Rwanda (NUR) to aid in the research and development of this curriculum to ensure local perspectives and cultural relevance.

Subsequently, we will organize a fully sponsored 3-day support group in February to bring interested beneficiaries together. During this support group we will invite a number of women who have already disclosed to share their experiences and offer moral support to their peers. By the end of the support group meeting, the women will have the option to break off into smaller support groups based on geographical information and compatibility, with whom they will be encouraged to meet weekly in the months following the support group meeting. Funding will be provided to a trained counselor to visit each support group each month, and to help facilitate discussions of general healing and disclosure. After three months, we will facilitate a second follow-up support group in May, which will be an opportunity for the women and counselors to reconvene to discuss and share their experiences. This second support group will also serve as an opportunity for us to evaluate the model through feedback from the women and counselors, with a view to replicate it with other Foundation Rwanda beneficiaries of each of our partner organizations over the next 18 months.

In conjunction with direct support for mothers who have suffered from rape or fistula, this project seeks to support their children. The follow-up support group presents an opportunity to bring together the children of those women who have chosen to disclose. Simultaneous activities will include counseling as well as organized sports and games to enable and encourage solidarity and friendships amongst them. We will repeat the support group cycle, including both the initial and follow-up meetings, three times to serve, in total, 100 women and their children. This portion complements the physical healing process and is a vital component of the comprehensive treatment of fistula patients.

Throughout the project cycle periodic monitoring and evaluation procedures will be conducted. In June 2014, an overall evaluation of the project will be undertaken. The goal of the project is that the participating women will experience a transformation in their physical situation first: The fistula surgery will enable them to reintegrate into their community. Second, the psychosocial support on disclosure will strengthen the relationship with their children. Together this holistic program will help women to reclaim their bodies as well as their lives.

## Action Plan

Jan 2012-Jun 2012	<ul style="list-style-type: none"> <li>★ Holistic fistula care               <ul style="list-style-type: none"> <li>★ Identification of fistula patients and data collection</li> <li>★ Pre-op counseling</li> <li>★ Support throughout surgery process</li> <li>★ Post-op follow-up</li> <li>★ Followed by ongoing psycho-social counseling</li> </ul> </li> </ul>
Feb 2012-May 2012	<ul style="list-style-type: none"> <li>★ First disclosure support group</li> <li>★ Ongoing support groups</li> <li>★ Second disclosure support group</li> <li>★ Life-skill training for children</li> </ul>
June 2012-Jan 2014	<ul style="list-style-type: none"> <li>★ Replicate disclosure program with partner organizations</li> </ul>

## Budget

see attached

## **References**

Zack Gross  
Program Officer  
Foundation Rwanda  
[zack@foundationrwanda.org](mailto:zack@foundationrwanda.org)

Jules Shell  
Executive Director  
Foundation Rwanda  
[jules@foundationrwanda.org](mailto:jules@foundationrwanda.org)

Gabo Wilson  
Country Director  
Survivors' Fund  
[surf\\_org\\_rw@yahoo.ca](mailto:surf_org_rw@yahoo.ca)

BUDGET GBV AND FISTULA PROGRAM						
Exchange rate: US\$ 1 = 600 RWF						
FISTULA PROGRAM: JAN 2012 - JUN 2012						
ITEM	UNIT COST	QUANTITY/		COST	USD	Notes
Transportation of beneficiaries	15,000	100		1,500,000	\$2,500	FRW 15,000 budgeted for 100 patients to travel to and from the hospital
Transportation of counsellors	15,000	10		150,000	\$250	FRW 15,000 budgeted for 10 counselors to accompany groups of 10 patients to and from the hospital
Pre-op counseling	45,000	100		4,500,000	\$7,500	FRW 15,000 budgeted per visit (for three visits per patient in total)
Surgery cost	200,000	100		20,000,000	\$33,333	FRW 200,000 budgeted per surgery (for 100 patients)
Post-op counseling	45,000	100		4,500,000	\$7,500	FRW 15,000 budgeted per visit (for three visits per patient in total)
<b>S/Total 1</b>				<b>30,650,000</b>	<b>\$51,083</b>	
SUPPORT GROUP 1: PILOT						
ITEM	# of people	Cost Per Day	Quantity	Total Cost Rwf	Cost USD	Notes
Participant Transport	20	4,000	2	160,000	\$267	FRW 4,000 budgeted for 20 women, traveling on two days (return)
Staff Per Diem	5	15,000	3	225,000	\$375	FRW 15,000 budgeted for 5 staff working on 3 days
Counselors Per Diem	5	10,000	3	150,000	\$250	FRW 10,000 budgeted for 5 counselors working on 3 days
Staff Transportation	10	4,000	2	80,000	\$133	FRW 4,000 budgeted for staff and counselors traveling on 2 days (return)
Food and Drink	30	3,000	3	270,000	\$450	FRW 3,000 budgeted for 20 women, 10 staff (including counselors) for 3 days
Morning Tea	30	1,500	3	135,000	\$225	FRW 1,500 budgeted for 20 women, 10 staff (including counselors) for 3 days
Afternoon Tea	30	1,500	3	135,000	\$225	FRW 1,500 budgeted for women, 10 staff (including counselors) for days
Conference Materials		1,500	20	30,000	\$50	FRW 1,500 budgeted for 20 women
Accommodation	30	8,000	2	480,000	\$800	FRW 8,000 budgeted for 20 women, 10 staff (including counselors) for 2 nights
Conference Hall	1	30,000	3	90,000	\$150	FRW 30,000 budgeted for 1 conference hall for 3 days
<b>S/Total</b>				<b>1,755,000</b>	<b>\$2,925</b>	
SUPPORT GROUP 2: FOLLOW-UP						
ITEM	# of people	Cost Per Day	Quantity	Total Cost Rwf	Cost USD	Notes
Monthly Follow Up with Counselors	5	10,000	12	600,000	\$1,000	FRW 10,000 budgeted for 5 counselor for 5 groups with 4 women in each group for a monthly visit for 12 months
Participant Transport	40	4,000	2	320,000	\$533	FRW 4,000 budgeted for 20 women and 20 children, traveling on two days (return)
Staff Per Diem	10	15,000	3	450,000	\$750	FRW 15,000 budgeted for 10 staff working on 3 days
Counselors Per Diem	10	10,000	3	300,000	\$500	FRW 10,000 budgeted for 10 counselors working on 3 days
Staff Transportation	20	4,000	2	160,000	\$267	FRW 4,000 budgeted for staff (including 10 counselors), traveling on 2 days (return)
Food and Drink	60	3,000	3	540,000	\$900	FRW 3,000 budgeted for 40 participants and 20 staff for 3 days
Morning Tea	60	1,500	3	270,000	\$450	FRW 1,500 budgeted for 40 participants and 20 staff for 3 days
Afternoon Tea	60	1,500	3	270,000	\$450	FRW 1,500 budgeted for 40 participants and 20 staff for 3 days
Conference Materials		1,500	40	60,000	\$100	FRW 1,500 budgeted for 40 participants
Accommodation	60	8,000	2	960,000	\$1,600	FRW 8,000 budgeted for accommodation for 40 participants and 20 staff for 2 nights
Conference Hall	1	30,000	3	90,000	\$150	FRW 10,000 budgeted for 1 conference hall for 3 days
<b>S/Total</b>				<b>4020000</b>	<b>\$6,700</b>	
OVERALL PROJECT BUDGET						
ITEM		Cost Per Program R	Quantity	Total Cost Rwf	Cost USD	Notes
Fistula Program		30,650,000	1	30,650,000	\$51,083	FRW 31,200,000 budgeted for the entire fistula program
Support Group 1: Pilot		1,755,000	1	1,755,000	\$2,925	FRW 2,010,000 budgeted for the initial pilot support group
Support Group 2: Follow-Up		4,020,000	1	4,020,000	\$6,700	FRW 4,530,000 budgeted for the support group follow-up
Replication of Support Groups		5,775,000	4	23,100,000	\$38,500	FRW 19,620,000 budgeted for replicate of entire support group cycle (pilot and follow-up) with three
<b>TOTAL</b>				<b>\$59,525,000.00</b>	<b>\$99,208.33</b>	