



PANZI

**ANNUAL
REPORT
2021**



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OUR APPROACH HAS ALWAYS BEEN 'SURVIVOR CENTERED,' EVEN THOUGH WE DIDN'T CALL IT THIS AT THE BEGINNING.

It means that we treat each case individually and recognize that there is no one-size-fits-all approach to dealing with the consequences of sexual violence.



ABOUT PANZI HOSPITAL AND FOUNDATION & SISTER ORGANIZATIONS

Panzi Hospital was founded in 1999 by Dr. Denis Mukwege in Bukavu, South Kivu Province, Democratic Republic of Congo, with the intention of being a center of excellence for maternal health. Their first patients were not delivering mothers, however, but women who had been raped with extreme brutality as the Second Congo War waged on and sexual violence was used as a weapon of war.

Dr. Mukwege and his staff were forced by necessity to become experts in severe gynecological trauma and became world-renowned for their innovative and evidence-based care for survivors of sexual violence.

Recognizing that medical and psychosocial treatment was not enough to help these women and girls rebuild their lives, Dr. Mukwege founded Panzi Foundation in 2008 to provide survivors with Panzi's trademark four-pillared approach to holistic care: access to psychosocial support, access to legal services, opportunities for socioeconomic reintegration, and medical care outside of Bukavu.

Today, Panzi Foundation has two offices – its implementing headquarters in Bukavu, and a US office in Washington, DC

that supports fundraising and international advocacy efforts.

Panzi is further supported by its sister organizations, the Dr. Denis Mukwege Foundation, and the Global Survivors Fund. The Dr. Denis Mukwege Foundation was founded in 2016 to replicate and expand access to holistic care to other areas around the world where sexual violence is used in conflict, and to support survivor networks and advocate for holistic justice. They have offices in The Hague, The Netherlands, and Geneva Switzerland, as well as in the Central African Republic through their Project NENGO One Stop Center.

The Global Survivors Fund was launched in October 2019 by Dr. Denis Mukwege and Nadia Murad, co-laureates of the 2018 Nobel Peace Prize. Its mission is to

enhance access to reparations for survivors of conflict-related sexual violence around the globe, thus responding to a gap in healing long identified by survivors.

GSF acts to provide interim reparative measures in situations where states or other parties are unable or unwilling to meet their responsibilities. GSF advocates for the international community to develop reparations programs, and guides states and civil societies by providing expertise and technical support for designing reparations programs. GSF is based in Geneva, Switzerland.

Together, these organizations work with Dr. Mukwege and Panzi to support survivors in the Democratic Republic of Congo and around the world, and to help execute his vision of eradicating sexual violence as a weapon of war.

2021 IMPACT - AT A GLANCE



25,266

people received psychosocial support through our varied programmes



8,246

survivors of sexual violence received medical treatment across all projects



95,884

people reached through awareness outreach



0.3%

maternal mortality rate



6,597

requests for legal assistance



4,335

live births recorded



For more than 20 years, Panzi has not only mended survivors' bodies and delivered their babies – we've supported them as they boldly reclaim their lives, against all odds.

1. MEDICAL PILLAR

The medical pillar is often the first point of entry for survivors entering into Panzi’s holistic healing model. Many survivors of sexual violence who seek care at Panzi Hospital need complex emergency medical treatments (e.g., surgery to repair fistulas). Others need treatment for sexually transmitted infections (STIs) or non-gynecological injuries.

Many victims have ignored or hidden physical complaints for a long period of time due to the shame and stigma associated with sexual violence.

The medical pillar provides compassionate, high quality medical care to survivors of sexual violence and other vulnerable populations, including fistula and prolapse repair surgeries, specialized maternal child healthcare (e.g., deliveries, cesarean sections, etc.), and the provision of HIV post-exposure prophylaxis (PEP) kits for survivors arriving <72 hours.

The PEP kit also prevents other STIs (e.g., Hepatitis B and C), as well as unwanted pregnancies. Furthermore, in addition to general medical care, survivors are provided with a forensic medical-legal certificate for legal support in their healing journey.

This year, Panzi provided medical care at Panzi Hospital in Bukavu, as well as at two One-Stop Center hospitals built by Dr. Mukwege in Mulamba (2011) and Bulenga (2015), via mobile clinics, and in collaboration with existing public hospitals. To bring appropriate, quality care closer to hard-to-reach communities, Panzi also organized several capacity-building training sessions for care providers outside of Bukavu.



KEY STATISTICS



8,246 survivors of sexual violence received medical treatment across all projects



1,662 pre-exposure prophylaxis kits administered



12,954 people treated for other medical issues, including gender-based violence

478 fistula patients treated

900 patients with organ prolapse treated

853 cases of COVID treated at Panzi General Hospital

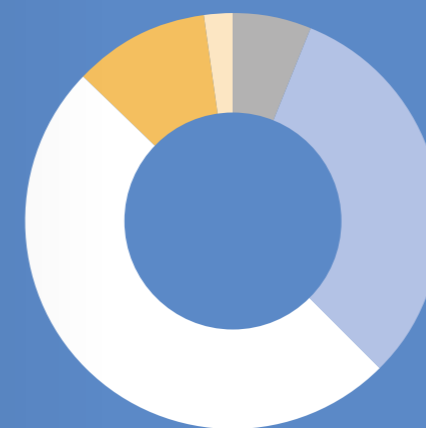
164 healthcare providers trained

4335 live births (97.2%)

123 stillbirths (2.8%) vs. DRC 2020 rates (2.86%)

15 maternal deaths (0.3%) vs. DRC 2020 rates (0.62%)

Perpetrator and Survivor Demographics



Age breakdown for 8,246 survivors of sexual violence treated in the medical pillar:

- 0-9 years old (6.24%)
- 10-17 years (31.47%)
- 18-45 years (49.54%)
- 45-60 years (10.76%)
- > 60 years (1.99%)

Of known perpetrators:

32.4% were identified as militia/rebels, members of an armed group, and/or military

Of survivors:

- Almost 10% of survivors were under 10 years old or over 60 years old
- 50% were of reproductive age
- 1 in 3 were minors (< 18 years old)

MEDICAL PILLAR: SURVIVOR

VERONICA'S STORY

Veronica is a 21-year-old woman from Shabunda, a city 470km west of Bukavu by road, for which air travel is the only safe means of access. Almost two years ago, Veronica's village was attacked by the Mayi-Mayi group and she, along with other women from her village, were taken by the assailants.

The troop commander chose Veronica as his personal sex slave. After weeks of detention and abuse, Veronica and some of the women escaped from the camp and walked several days to reach their village. A few weeks later, she realized that she was pregnant.

In June 2021, Veronica was referred to Shabunda RGH by her village health center, where fetal positioning necessitated delivery by caesarean section. The C-section was complicated by pelviperitonitis, and three additional operations to resolve her complications failed – her abdominal wound continued to leak pus and stool. Veronica was severely malnourished and three months after delivery, while still in hospital, she lost her baby. Transfer to Panzi Hospital in Bukavu was the last hope for Veronica's survival.

During the rebel group incursions, her family's belongings had been looted and Veronica's financial

situation was precarious. She could not pay her hospitalization costs at Shabunda RGH, let alone airfare for her transfer to Bukavu. In December 2021, a Swedish journalist brought Veronica's case to HGR Panzi's attention. Panzi sent a medical team to Shabunda to bring her to Bukavu. When she arrived at Panzi Hospital, Veronica weighed 12kg.

Veronica says, "I arrived at Panzi in agony, with only skin on my bones. I felt like I was gradually dying with no hope of recovery. Today, I can already walk unaided and weigh 33 kg. I thank God for having put me in contact with Dr. Mukwege and his team, and I know that this is a sign for me and all the other women with whom I have been living for months here at Panzi that the future awaits us and that we still have a brighter future ahead of us. My "resurrection" is a sign that there are still souls full of humanity in this country! May God bless you."



2. PSYCHOSOCIAL PILLAR

Sexual and gender-based violence is associated with severe short- and long-term psychological consequences. The psychosocial pillar provides care for people experiencing psychological distress in response to traumatic events including sexual- and gender-based violence, as well as serious gynecological pathologies.

To this end, the psychosocial pillar provides evidence-based initial and ongoing psychosocial support to survivors of sexual violence through individual and group psychotherapy, cognitive behavioral therapy, recreational

outings and resilience training, psychosocial follow-up home visits, support of basic needs (e.g., child-care, accommodation, food), and more. In addition to direct psychosocial support, the psychosocial pillar organizes

outreach efforts to increase community awareness of mental health and the psychological effects of SGBV, promote the incorporation of mental health into primary care, and train health care providers on psychosocial care.



KEY STATISTICS



25,266 new cases admitted (86.7% women, 13.3% men). 2,995 (11.9%) were minors (< 18 years old)



7,864 patients discharged and reintegrated into their respective families/communities



5,492 patients attended follow-up visits and received psychological follow-up care

532 patients experienced organ prolapse

178 patients experienced fistula

6010 patients experienced other pathologies

2 therapeutic outreach programs

were carried out in Goma, reaching 100 Panzi Foundation field workers to combat symptoms of vicarious trauma and compassion fatigue (i.e., burnout)

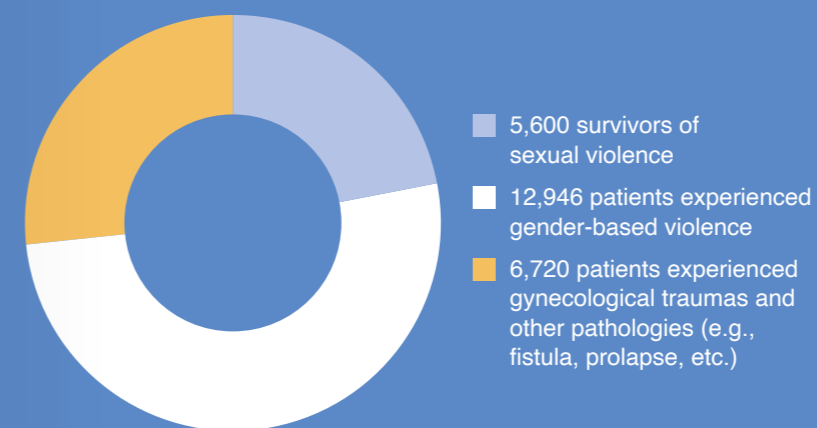
3,114 home psychosocial follow-up missions

were carried out by psychologists and psychosocial assistants, reaching 1,620 survivors of sexual violence, gender-based violence and other patients suffering from disabling gynecological pathologies.

The number of survivors reached by follow-up home missions is lower than that of organized mission for several reasons:

- Given their state of psychological suffering, many survivors benefitted from multiple at home follow-ups for psychosocial reassessment sessions
- Psychologists/psychosocial assistants had to make several home visits per survivor for family systemic sessions and to accurately assess their family and community reintegration

Breakdown of 25,266 new cases by experience:



PSYCHOSOCIAL PILLAR: SURVIVOR

SD'S STORY

SD is a 37-year-old woman, a mother of 6 children, and a widow living in Uvira territory, South Kivu Province (eastern DRC). In 2021, SD's village was attacked by two individuals from an unidentified armed group, and she was subjected to armed acts of sexual violence.

She was referred to Panzi Hospital in Bukavu for care. On admission to Panzi's psychosocial program, SD was overshadowed by intense sadness and fear, shame, insomnia, incessant headaches and worry, guilt, persistent avoidance of thoughts related to her trauma, and suicidal thoughts. As a result of her psychological distress, SD had been stigmatized by her family and community and she was experiencing extreme isolation.

After 3 months of psychosocial therapy at Panzi, SD's psychological state had improved to the point of participation in group activities that had previously been impossible. She slowly resumed contact with her environment, including her children and her community.

After several sessions of holistic family therapy, members of her family and community were integrated into her therapeutic process, and she was able to return home with the support

required for continued healing. SD has now re-engaged in the rural, life-sustaining activities that she had been forced to abandon due to her post-violence emotional shock. While the journey remains long, SD has been empowered with the tools to transform from victim to survivor.



After 3 months of psychosocial therapy at Panzi, SD's psychological state had improved to the point of participation in group activities that had previously been impossible.



3. LEGAL PILLAR

The legal pillar provides free legal and judicial assistance to survivors of sexual and gender-based violence. The legal pillar also facilitates mediation and conciliation efforts between willing parties in cases of SGBV that are not punishable by law, as well as registration of children in the civil registry (e.g., birth certificates and citizenship).

In addition to legal aid, Panzi's legal pillar orchestrates mass community outreach efforts including radio broadcasts to educate the population on their rights, capacity building for stakeholders via training

in legal themes and leadership, and community popularization of national and international legal instruments. The Panzi Foundation currently operates 23 legal clinics across South Kivu and the DRC.

KEY STATISTICS



6,597 requests for legal assistance



1,587 cases closed by conciliation of parties in dispute (i.e., reconciled cases of SGBV)

30% of cases were rape cases

409 cases adjudicated

834 cases submitted to civil/judicial authorities (e.g., police, public prosecutor's office, etc.)

567 programs were produced, broadcast, and/or rebroadcast by partner radio stations

2,197 outreach and awareness sessions that reached 95,884 people



4. SOCIOECONOMIC REINTEGRATION PILLAR

Gender-based cultural standards and rape-associated stigma make it difficult for female survivors to access socioeconomic opportunities required to regain independence and provide for themselves and their families. This reinforces gender stereotypes and a cycle of poverty that perpetuates the inequalities underlying sexual violence in DRC.

To break this cycle, Panzi's socioeconomic pillar provides post-medical, socioeconomic reintegration programs for survivors of sexual violence and other vulnerable populations. The socioeconomic reintegration pillar supports survivors via professional trades and literacy

training, training in income-generating activities including agricultural/livestock breeding, and the organization of community-level economic networks including point-of-sale micro-centers, micro-credit and village savings and loans groups (MUSOs and AVECs).

KEY STATISTICS

310 women received literacy training

969 beneficiaries received agricultural and livestock training

452 MUSOs reaching 11,908 people

676 village savings and credits groups, granting a total of \$918,364 USD in loans

1,049 survivor-led business plans supported

22 hectares sowed, and 21.5 tons of crops harvested



9,404 women and girls trained in an income-generating skill



2,712 children in school



473,489,400 Congolese Francs saved in MUSO groups

SOCIOECONOMIC REINTEGRATION PILLAR: SURVIVOR

MRS. ZM'S STORY

Mrs. ZM, a 35-year-old mother of 6, worked as a prostitute in the mining squares of Tchanda to ensure the survival of her children. She was chosen as a beneficiary of the PIAH project and participated in several programs that empowered her to escape the mining squares.

She enrolled in trades-skills programs including fabric cutting and sewing, as well as related training programs that provide a comprehensive income-generating education (e.g., entrepreneurial management, business skills, financial management, etc.). Gaining holistic knowledge of a trade has encouraged her to think big and set goals like she never could before.

As a member of the TUUNGANE workshop for sex workers located in the Hexagon district of Kamituga, she earned 600,000 FC. With her small savings she invested first in selling cassava, and then in selling shoes. Over time she earned 1,000,000 FC and, with the help of her husband who brought her metal sheets, she began little by little to realize her dream of building her own house. She thanks Dr. Mukwege and the European Union from the bottom of her heart for having transformed her life.



SPECIAL PROJECTS & INITIATIVES

EDUCATION SUMMARY

As a central foundation for the empowerment of women and children, education is a prominent aspect of the Panzi Foundation's activities.

Education is a pivotal component around which many other projects within the Panzi Foundation operate. In 2021, six separate major projects supported education-centered activities, including the Integrated Project of Holistic Support (PIAH), Maison Dorcas, Save a Girl Project, Children of Panzi and Elsewhere, the Moseka Project, and the King Baudouin Scholarship Program.



Notable 2021 program achievements:

- 3,152 children supported in formal education settings, including 1,685 girls and 1,468 boys
- Overall success rate across all 6 projects was 94.6%

Education activities broken down by project:

PIAH:

- 1,904 children supported, including 320 from mining regions received meals each day, as well as school kits, shoes, and uniforms for one year

Maison Dorcas and the Moseka Project:

- 90 children/survivors of sexual violence received education and training
- 59 in formal education, including 40 girls and 19 boys
- 31 in non-formal education (e.g., literacy training)
- All benefit from holistic support including medical care, food, school fees, and school kits

Save a Girl:

- 48 girls supported, 11 of whom are in primary school and 37 in secondary school

Children of Panzi and Elsewhere:

- 32 children of rape enrolled in primary school
- Carried out 5 field visits for these children and their parents
- School supplies and uniforms provided

King Baudouin Scholarship Program:

- Supported 2 doctors specializing abroad with scholarships
- 9 students supported, including 7 in university, 2 in vocational training
- Scholarships support the payment of fees and other academic fee requirements, including accommodation costs if necessary

Denis Mukwege School Complex:

- Currently supports 1,098 students divided into three cycles: nursery, primary, and secondary

PPA-AURORA

Socioeconomic alternatives for children, sex workers, and survivors of sexual violence living around artisanal mines in the territories of Uvira (Katogota) and Walungu (Kaziba) in South Kivu, Democratic Republic of Congo

The Panzi Foundation has received support from PPA and Aurora Humanitarian Prize to assist children, parents, and female sex workers in Katogota and Kaziba. A significant portion of the population living in the territories of Uvira (Katogota) and Walungu (Kaziba), South Kivu, depend on income from unregulated mining activity in which children are involved. School attendance in these mining areas is low, as some children work in artisanal mines, and the prostitution of women and girls is widespread, as is sexual and gender-based violence. The overall objective of the project is to improve the standard of living of communities locate near artisanal mines in the territories of Uvira and Walungu.

Notable 2021 program achievements:

- The Kashozi primary school was renovated with 6 new classrooms and renovation of 3 classrooms at EP1 Katogota is in progress
- 18 MUSOs (9 at each site) support a total of 600 beneficiaries including parents of beneficiary children and sex workers
- Two field schools were established as sites where agricultural and livestock training takes place (i.e., income-generating activities)
- Community sensitization campaigns on topics including protection of children, human rights and gender equality, and positive masculinity were carried out for local leaders in Katogota and Kaziba, as well as for beneficiaries

MOBILE CLINICS

Mobile clinics represent an untapped resource for provision of healthcare, especially in developing countries. The mobile clinics program provides access to healthcare for displaced and isolated people who would not otherwise have access to basic health services.

They provide a complementary service to the foundational health structures already present in the DRC, in areas where health infrastructure is not established. In 2004, Dr. Denis Mukwege set up Panzi's Mobile Clinic Project to meet the pressing need for access to healthcare affecting populations in the most remote villages of South Kivu Province. The Mobile Clinic Project is piloted from Panzi Hospital, as well as the two One Stop Centers (CH Bulenga and Mulamba), who each choose their mission teams from amongst their respective staff. The Mobile Clinic Project currently reaches Kalehe, Mwenga, Kitutu, Walungu, Lemera, Ruzizi, Minova, Idjwi, Kalonge, Kalole, and Haut Plateaux d'Uvira.

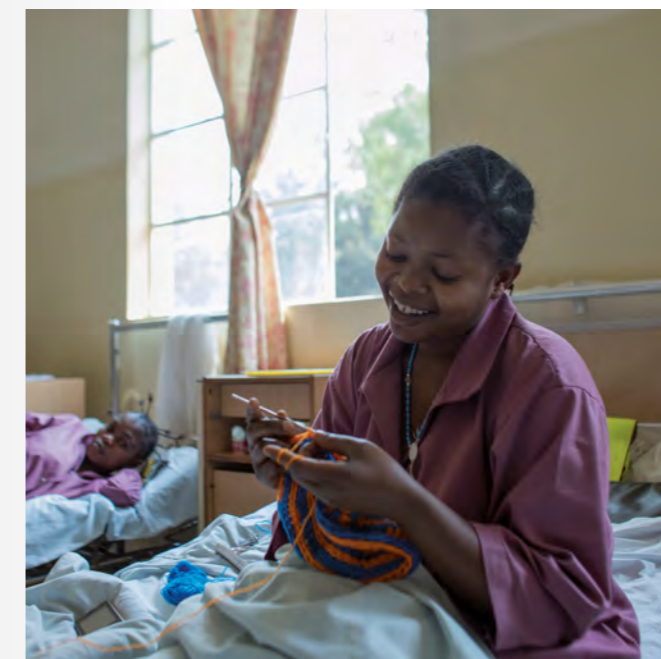
Notable 2021 program achievements:

- 52 mobile clinic missions carried out in different rural health zones, reaching 8,575 beneficiaries

PRVBG/CDE

Since 2014, the Government of the DRC and the World Bank have collaborated on the implementation of the Emergency Project on Sexual and Gender-Based Violence and Women's Health in the Great Lakes.

This is a regional project involving three Great Lakes countries including the DRC, Rwanda, and Burundi, as well as the International Conference on the Great Lakes Region (ICGLR). The aims of the project are to expand service delivery of care to mitigate the short- and medium-term impacts of sexual and gender-based violence and to increase the use of the four-pillared holistic healing model as a package of health interventions for vulnerable women. The current phase of this project, started in September 2019, is called PRVBG. It covers several provinces within the DRC (South Kivu, North Kivu, Tanganyika, and Maniema). Panzi Foundation is working in South Kivu and Tanganyika, while Heal Africa is working in North Kivu and Maniema. The funds from the World Bank are managed by the DRC Social Welfare Funds.



Notable 2021 program achievements:

- 670 survivors of sexual violence supported at One Stop Centers and mobile clinics
- 662 survivors benefited from at least two services
- 66 survivors arrived within 72 hours and received PEP kits
- A total of 520 gynecological repairs (92 fistulas and 428 prolapses)
- 358 forensic certificates completed for survivors who attended One Stop Centers and/or mobile clinics
- 1,133 people (86 men and 1,047 women) attended legal clinics
- 139 cases heard with 55 judgements, 40 convictions, and 61 cases closed by mediation/conciliation
- 913 cases of SGBV and non-SGBV received specialized mental health care within One Stop Centers
- 120 hygiene kits, 113 socioeconomic reintegration kits, and \$4 USD/day in food (for 30 beneficiaries) provided for beneficiaries at Maison Dorcas
- Operational support for Panzi Hospital, CH Mulamba, and CH Bulenga including rehabilitation of operating rooms, purchasing of benches and monitors, COVID-19 medical equipment and PPE, etc.
- Support for 74 MUSOs, which reach 2,146 members (325 men and 1,821 women)
- 8,535 people were reached by small-scale community sensitizations (e.g., paralegals, lawyers, etc.)
- 366,181 people were reached by large-scale sensitizations (e.g., radio broadcasts during mobile clinic missions and outreach repair missions)

ICART

The International Center for Advanced Research and Training (ICART) was created in 2013 through a joint initiative between the Panzi Foundation DRC, Panzi Hospital, and Evangelical University in Africa (UEA).

ICART's mission includes building local research capacity, facilitating collaboration between local and international researchers, and ensuring that research projects carried out at Panzi comply with ethical standards.

Four major studies were carried out by ICART in 2021:

1

Impact of the Music Therapy Program on the Mental Health of Vulnerable Women and Men in Mulamba; funded by Fund for Innovation and Transformation (FIT) via Make Music Matter

The objective of this study was to characterize the impact of Panzi's Music Therapy program on the mental health of vulnerable women and men in Mulamba, eastern DRC. Preliminary results revealed that the 3-month Music Therapy program significantly improved mental health symptoms for vulnerable people in need of psychological care in areas plagued by armed conflict. Follow up sessions in 2022 will explore whether mental health improvements associated with the program are persistent.

2

Satisfaction Assessment of Beneficiaries of the Integrated Holistic Support Program; funded by the European Union

The Integrated Holistic Support Program (PIAH) enables women, girls, and other vulnerable people to have access to quality holistic care (i.e., medical care, psychosocial care, legal and judicial support, and socioeconomic reintegration). The objective of this study was to characterize the impact of the PIAH program on living conditions of beneficiaries in South Kivu, DRC, using both quantitative and qualitative methods (mixed methods approach). Improvements to living conditions, food security, and access to healthcare, justice, and education, were more evident amongst beneficiaries than non-beneficiaries. This study also identified non-beneficiaries that could benefit from holistic care in the future (i.e., sex workers, children working in the mines, etc.).

3

Study on the Monitoring and Social Reintegration of Former Beneficiaries of Maison Dorcas

This study aimed to identify income-generating activities currently carried out by former beneficiaries of Maison Dorcas, measure the impact of Maison Dorcas on socioeconomic reintegration, and outline recommendations for beneficiaries after their return to the community. The data indicated that > 90% of beneficiaries continue to make a living from the trades they learned at Maison Dorcas (e.g., basketry, pastry making, cutting/sewing, embroidery, soap making, agriculture, etc.), and feel satisfied with their community and socioeconomic reintegration. However, the study found a low membership rate of former Maison Dorcas beneficiaries in community-based cooperatives (MUSO, AVEC) and this must be rectified to optimize long-term socioeconomic effects of the Maison Dorcas program.

4

Market Research in Idjwi Sud; funded by GIZ

The objective of this study was to identify promising income-generating activities in Idjwi-Sud to inform the PRVBC project on effective socioeconomic reintegration approaches for survivors of sexual and gender-based violence in this region. By surveying local MUSO members and hosting two focus groups, this study was able to identify agriculture, livestock farming, and small businesses (i.e., sale of food, clothing, etc.) as the most relevant income-generating activities for survivors of sexual violence in Idjwi-Sud. These data ensure a survivor-centered approach to Panzi's socioeconomic reintegration efforts.



We must all find ways of channeling our feelings of sadness, disgust, admiration, and love into decisions that help reduce the suffering of others

LOUVAIN COOPERATION HEALTH PROGRAM IN THE DRC

In collaboration with the Louvain Cooperation, Panzi runs a program dedicated to integrating mental health into primary health care in South Kivu.

This program operates in the three urban health zones of Bukavu namely Ibanda, Kadutu and Bagira. Its activities include community awareness, training programs for health care providers and community relays, integration of trained psychologists into general hospitals, socio-economic reintegration of survivors of SGBV, hospital and health zone support, and research efforts.

Notable 2021 program achievements:

- 103 health structures currently have staff trained in the WHO mhGAP intervention guide and/or the national mental health management protocol
- 3 training sessions were organized for health care providers in 2021
- 40 registered nurses (14 women and 26 men) were trained in the use of the WHO mhGAP intervention guide and/or the national mental health protocol
- 40 community relays (15 women and 25 men) from across the three health zones were also trained
- 20 representatives (10 women and 10 men) of the 20 student colleges in Bukavu were trained on the factors predisposing to mental illness and prevention among students
- 684 patients, including 32 minors, 363 female survivors of SGBV, and 321 men accessed psychosocial care including individual psychotherapy (2,148 sessions total) and group psychotherapy (3 focus groups led by psychologists benefitted from 16 group sessions)
- 36 psychologist supervisions were carried out across three health zones, to ensure that the relevant health centers have integrated mental health into their primary care package
- A total of 222 diabetic patients were sensitized to the mental health aspects of diabetes across 8 diabetes clubs in the three health zones
- 292 including community members and community leaders were sensitized via awareness-campaigns on mental health topics including factors predisposing to mental health issues, pregnancy and mental health, and the fight against child abuse for preventing mental illness
- A comic book, 8 radio broadcasts, and a documentary were produced to raise awareness of the importance of mental health and encourage the use of psychosocial care programs in Bukavu
- 3 research projects were carried out on the integration of mental health into primary care



BADILIKA PROGRAM

The Badilika Program aims to address root causes of sexual- and gender-based violence (SGBV) by inspiring systemic behavior change through promotion of gender equity and women's rights in South Kivu.

This work is done in collaboration with local civil society organizations via mass community awareness campaigns/education efforts; advocacy, mobilization, and capacity building efforts for local, national, and international partners in the fight against SGBV; and youth empowerment in secondary schools/universities.

Notable 2021 program achievements:

- Community level awareness-raising campaigns on reproductive health, family planning, women's rights, and positive masculinity reached 2,064 people including 1,080 women/girls and 984 men.
- 1,189 students in Bukavu reached by the 16 days of activism against GBV campaign
- 7 awareness cafes organized to promote peace efforts via popularization of the UN Mapping Report and UNSC Resolution 2467
- Organized > 500-person sit-in at the French Institute to protest the denial of DRC massacres by the Rwandan President
- Mobilized over 5,000 people to demand the establishment of an International Criminal Tribunal for the DRC, as well as specialized mixed chambers to judge perpetrators of crimes and massacres committed in the DRC
- 4 ceremonies organized to commemorate massacres in Kaniola, Katogota, and Makobola-Fizi
- 18 skills-transfer workshops across Panzi Foundation's projects addressing female leadership, gender equity, positive masculinity, approaches for changing violent behavior, and more.
- Beneficiaries included local leaders, army/police, women's organizations, the press, education sector, justice/civil society leaders, etc.



Badilika Success Story

"I am NOELA NYIRAMANA, 31 years old and the Dean at the Musimbwe Institute. I am married to Mr. Jean Katembera, and am mother to 5 children, 3 girls and 2 boys. I live in the village of Ngula in the Bugarula grouping.

I lived a miserable life after giving up my studies for marriage. Seeing the mothers of today who have studied and whose living conditions are very advanced compared to those of women who have not studied, my husband and I, after being educated by the Badilika project on rights, took the decision to send me to school despite my age.

When I arrived at school, I adapted to student life easily and my colleagues placed their trust in me. I was elected Dean of the Musimbwe Institute because in the past girls were excluded from this student spokesperson position. I applied for the position to prove to the boys that girls are also capable of anything. I managed to convince the boys, who are the majority on our school, and they also put their trust in me, and I was elected Dean.

My motivation is that I want to be an example for my fellow girls, by showing them that girls can also assume positions of responsibility just like boys and that they should not underestimate themselves.

Aware that the woman has a great role to play for the development of the community in general and of her household, I took the initiative to make all my children study without discrimination to allow them to live happily and autonomously. Through the testimonies of parents, we noticed that successful life requires a unification of efforts between the two partners. That's how the girls also ensure the autonomy of their families."

CHILDREN OF PANZI AND ELSEWHERE

The Children of Panzi and Elsewhere is a project dedicated to providing psychosocial care and reduce stigmatization for children born of rape and child survivors of sexual violence in conflict and/or post-conflict zones.

Notable 2021 program achievements:

- 70 children born of rape and/or child survivors of sexual violence in Kavumu (40 children) and Bunyakiri (30 children), as well as 30 other children from the community to avoid isolation and stigmatization of survivors, were selected to participate in the 3 year program
 - Age range 0-7 years old
 - 38 girls, 32 boys
- In 2021, we conducted 24 home visits per child, for a total of 2,400 home visits. The purpose of these visits include:
 - Assessment of psychological state, family integration, and intellectual development of the child
 - Clinical interview with parents
 - Provide solution-oriented counseling, psychological support, therapeutic education, and awareness of psychological/medical care for families
- Implemented 28 therapeutic play sessions including 14 in Kavumu and 14 in Bunyakiri
- Civil registration (birth certificates and Congolese nationality) for the 30 children born of rape/survivors of sexual violence in Bunyakiri
- 53 school-aged children (24 boys, 29 girls) received school kits (i.e., notebooks, pens/pencils, briefcase, school bag, etc.)
- 40 parents/guardians, 10 teachers, and 5 community leaders participated in an exchange activity on the rights of children and the prevention of sexual violence



PANZI – AVIATION SANS FRONTIÈRES

Faced with surging requests for assistance across the DRC, transport remains a major challenge for the Panzi Foundation.

The advanced state of deterioration of road infrastructure, combined with the prevalence of armed groups patrolling roads in rural areas, makes air travel the safest and most direct means of delivering aid to survivors of sexual violence that are unable to reach Panzi for treatment. In 2020, Panzi fostered a partnership with Aviation Sans Frontières to facilitate the transport of medical teams and their equipment to the most inaccessible intervention sites. In under two years since inception, 10 round-trip missions to rural areas have been carried out.

Notable 2021 program achievements:

- In April 2021, a uterine prolapse repair team was dispatched by air to Kalole, a health zone in the heart of the immense Shabunda territory (several weeks travel from Bukavu by road)
- 33 cases of uterine prolapse were repaired
- Two women with more complex cases were flown to Panzi Hospital to receive more in-depth care
- Several mobile clinic missions to the territories of Mwenga and Shabunda were facilitated for training supervision purposes
- A child born with a cranial malformation was transported (round-trip) with his mother to Panzi Hospital for life-saving neurosurgery

BULENGA OSC

CH Bulenga is a One Stop Center providing Panzi's 4-pillared model of holistic care in the Minova Health Zone, located in the north of South Kivu province.

Due to its reputation, CH Bulenga receives referrals and consultations from several additional health zones outside Minova. In total, CH Bulenga serves an area with approximately 40,489 inhabitants. CH Bulenga operates both as a general hospital and as a specialized center for care of survivors of sexual violence. It currently has a capacity of 45 beds.

Notable 2021 program achievements:

- A total of 90 survivors of sexual violence received medical care, including 18 that arrived within 72 hours (received PEP kits)
- 159 cases of prolapse were treated and 1 fistula was repaired
- 208 deliveries, including 118 cesarean sections
- 0 maternal deaths and only 2 stillbirths (1.0%)
- 265 children under 5 years old treated for severe malaria
- 328 patients, including 17 minors (296 women and 32 men) treated in the psychosocial pillar
- CH Bulenga operates 24 MUSOs as well as trades training activities including pastry making, cooking, cutting/sewing, and literacy training
- 10 mobile clinic missions carried out from CH Bulenga across Minova and the northern part of Kalehe health zone.

MINES AND JEWELRY PROJECT

Sexual violence is strongly linked to the battle for control of mineral wealth in the DRC. Rape, assault, and other forms of sexual and gender-based violence (SGBV) are used as war tactics to control mines and smuggling routes.

Panzi addresses these issues by tackling existing barriers to good governance in the mining sector, and the societal roots of SGBV in the broader community. Furthermore, with this project, Panzi improves the relationship between mining and women by working on the development of economic models in the artisanal and small-scale mining sector that facilitate the integration of vulnerable women and survivors of sexual violence.

Notable 2021 program achievements:

- 101 people were sensitized and 51 trained on reproductive and sexual health rights during an awareness campaign against SGBV in Numbi, a mining town in Kalehe, South Kivu.
- Through 16 radio broadcasts, 2 awareness-raising activities, a training session on reproductive and sexual health and rights, and door-to-door outreach, a total of 8,509 people were reached by this project
- 13 survivors of sexual violence were trained in the transformation of metals and basic techniques for the creation of jewelry (i.e., rings, pendants, etc.)
- 10 female traders benefited from training sessions on the formal trade of gold and colored stones (e.g., traceability, taxation, and business management)
- The Lapidary and Jewelry Training Center of the Panzi Foundation welcomed 18 people in 2021

MULAMBA OSC

The Mulamba Hospital Center is in Walungu Rural Health Zone, 70km west of Bukavu. It was built in 2011 by Dr. Denis Mukwege, thanks to funding support by Stichting Vluchtling.

This structure was built to replicate Panzi's One Stop Center model, which offers Panzi's holistic model of care to survivors of sexual violence and vulnerable women, all in one place. Mulamba OSC currently has a capacity of 108 beds, and it serves the populations of Mulamba, Kaniola, Burhale, Tubimbi, Muzinzi, Cinda, Luntukulu and neighboring territories including Shabunda, Mwenga, and Burhinvi.

Notable 2021 program achievements:

- 1,074 deliveries including 1,060 live births
- 1080 outpatient consultations were carried out
- 158 survivors of sexual violence, of which 40 arrived within 72 hours (received PEP)
- 161 cases of prolapse were repaired and 22 cases of fistula
- 496 patients benefited from psychological care including fistula/prolapse patients, and survivors of sexual violence
- 43 MUSOs were supported at Mulamba, and 168 beneficiaries received training courses including literacy, cutting/sewing, pastry making and culinary arts, and agropastoral training
- The legal pillar recorded 164 cases of survivors of sexual violence

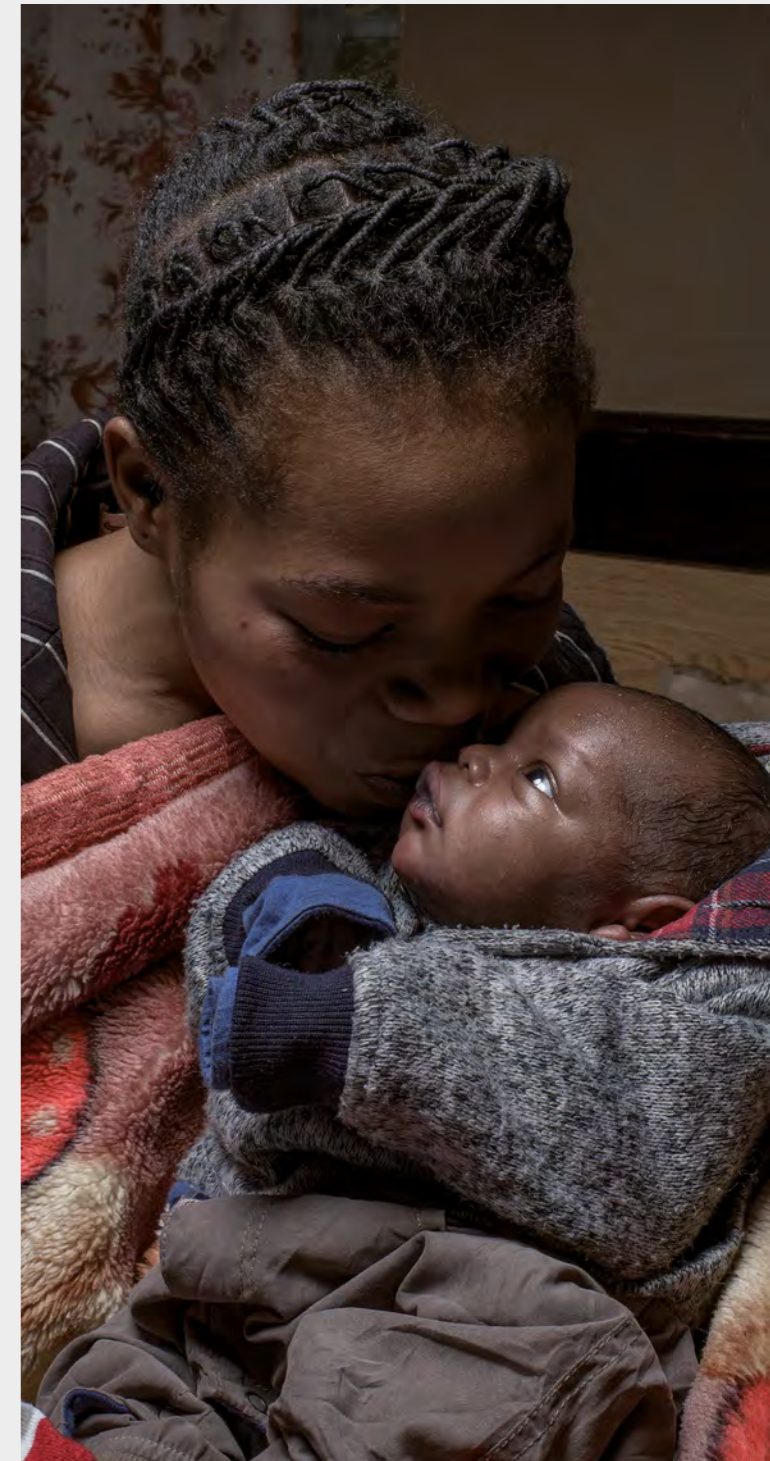
URGENT HUMANITARIAN RESPONSE PROJECT FOR SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE – NORWEGIAN CHURCH AID

The Urgent Humanitarian Response Project for Survivors of Sexual and Gender-based Violence (SGBV) was implemented in two health zones (Fizi and Nundu) in the Territory of Fizi, in the province of South Kivu, DRC.

This project focused on providing Panzi's holistic model of care (medical, psychosocial, socioeconomic, and legal) to survivors of SGBV in two health zones experiencing high rates of conflict.

Notable 2021 program achievements:

- The project aimed to reach 200 survivors of SGBV and ultimately reached 340 (medical and psychosocial care), or 170% of initial projections
- 70% of survivors had access to care within 72 hours and received PEP kits
- 10 health care providers, including 3 doctors, 2 psychologists, and 5 nurses from the two health zones (5 per zone) benefitted from training in medical care for survivors of SGBV
- Capacity building (i.e., provision of supplies and materials required for clinical management of survivors) at local hospitals including the General Hospital of Fizi and the Hospital Center of Nakiele (Nundu)
- 160 awareness-raising sessions were carried out, reaching 12,130 people (4,512 men/boys and 7,618 women/girls)
- 935 adolescents (506 girls and 429 boys) were sensitized on a range of topics including reproductive health, early marriage and its consequences, menstrual hygiene, sexually transmitted infections, and family planning
- 200 female survivors were structured into 7 MUSOs and trained in MUSO management and other income-generating activities





These women are each a light and an inspiration, demonstrating how the best instincts of humanity – to love, to share, to protect others – can triumph in the worst-possible circumstances.

PIAH

PIAH is an EU-funded integrated holistic support program for survivors of sexual violence and women suffering from gynecological pathologies at the Panzi General Reference Hospital. This program financially supports all four pillars of Panzi’s holistic healing model.

Notable 2021 program achievements:

- 5,498 women and girls including survivors of sexual violence, those suffering specific gynecological pathologies (fistulas, prolapse), and those who have left mining squares
- For the entire duration of the PIAH, up until December 31st, 2021, 2,201 people have benefitted from medical care in the mines
- 2,693 people received psychosocial care
- 637 community sensitization sessions were organized, reaching 21,089 people
- 1,645 new cases requesting legal assistance
- 80 MUSOs operating, reaching 2,060 members
- 1,786 students were educated by the PIAH
- 151 women received professional trades training including cutting/sewing and basket-making

SAVE THE GIRLS PROJECT

The Save the Girls project, financed by “Barn Samariten”, operates 4 supervision centers (aka “Safe Houses”) for the temporary accommodation and treatment of minor girls that have lived in brothels.

The project provides support and a safe space for recovery, psychological care, and socioeconomic reintegration of beneficiaries.

PROJECT NENGO

For nearly twenty years, the Central African Republic (CAR) has been plagued by conflict.

Funded by the French Development Agency and the Pierre Fabre Foundation, the NENGO project (Dignity in the Sango language) promotes Panzi’s model of holistic, four-pillared care for survivors of sexual violence and gender-based violence (SGBV) and other vulnerable women in CAR.

This project represents a South-South skills transfer between Congolese and Central African stakeholders. This project aims to replicate Panzi’s One Stop Model by building capacity at a local public hospital in Bangui, CAR.

Notable 2021 program achievements:

- 1,522 cases of sexual and gender-based violence, complex gynecological surgeries (i.e., fistulas, prolapse, female genital mutilation), pregnancy follow-ups, and/or PEP and STI kits distributed

COMMON THREADS (KAMBA MOJA) PROJECT

The Common Thread Project known as “Kamba Moja” has been operational since 2017, providing psychological care via transformative group therapy to survivors of sexual and gender-based violence.

Its psychosocial assistance has benefited more than 120 girls and women, located in the city of Bukavu and its outskirts, as well as Kavumu, Luwhinja, Kamituga, and at Panzi’s Maison Dorcas program.

NATIONAL MOVEMENT OF SURVIVORS OF RAPE AND SEXUAL VIOLENCE IN THE DRC (MNSVS-DRC)

Created in 2017, MNSVS-DRC aims to empower survivors to break the silence and participate directly in the fight against sexual violence in the DRC.

MNSVS-DRC creates a space for exchange and solidarity amongst survivors, and enables them to carry out awareness-raising, national and international advocacy, and mutual learning/aid sessions with a long-term vision: a DRC without rape and sexual violence, where women’s rights are protected and guaranteed. The MNSVS-DRC is currently active in 6 provinces – North Kivu, South Kivu, Ituri, Haut Katanga, Tshopo, Tanganyika, and Kasai Central.

Notable 2021 program achievements (with the financial support of AMPLIFY CHANGE):

- MNSVS-DRC extended to 3 new provinces (i.e., Tanganyika, Haut-Katanga, Tshopo)
- MNSVS-DRC developed a partnership with the office of the First Lady, which sparked a round-table in Kinshasa to discuss the implementation of a national reparation fund for survivors
- Awareness sessions on family planning, breaking the silence, consequences of incest, holistic care, the importance of psycho-medical care before 72 hours, the fight against sexual violence, etc. reached survivors across DRC



THE TUSHINDE PROJECT

Strengthen Community Prevention and Response to Sexual and Gender-Based Violence in Eastern DRC

The Tushind Project is implement in South Kivu by the Panzi Foundation and its partners with the specific objectives of building community capacity for organized GBV forums; reducing tolerance of GBV in the community; increase provision, access, and quality of health, psychosocial and legal services; manage alternative conflict resolution mechanisms; and provide socioeconomic reintegration services post-violence to reduce stigma for survivors.



Notable 2021 program achievements:

- For all services combined, Tushinde Ujeuri project aided 3415 beneficiaries
 - Annual progress in the number of beneficiaries is estimated at 146%, which indicates an uptake in services by the community
- 3150 beneficiaries received psychosocial care, 71.4% of them were discharged after care and severe cases were referred to clinical psychologists for CPT therapy
- 468 beneficiaries received medical care, including the distribution of 250 PEP kits
- 1505 beneficiaries received legal aid
- In total, 1618 beneficiaries accessed 2 or 3 services (e.g., medical, psychosocial, legal)
- Through Tushinde's SGBV prevention activities, a total of 168,208 people were sensitized including 71,609 males and 96,599 females
 - These community sensitizations included outreach to primary and secondary schools for prevention of GBV in schools, family planning to reduce violence, importance of education for both boys and girls, and the harms of early marriage
- 203 radio broadcasts were hosted to raise awareness about the services provided by the Tushinde project, as well as awareness-raising for marginalized groups (e.g., LGBTI groups, albinos, and people living with disabilities)
- Training sessions for healthcare providers and community relays on topic including family planning services, gender equality, SGBV case management, human trafficking and revisions to the family code, village savings and loans groups, maternal-child health, and the code of good conduct in schools

MAISON DORCAS AND DORCAS RURALE

Maison Dorcas and Dorcas Rurale focus on the socioeconomic reintegration and empowerment of survivors of sexual- and gender-based violence, those suffering from gynecological pathologies (e.g., prolapse & fistula), and other vulnerable populations.

Created in 2004, Maison Dorcas is the flagship transit institution that provides socioeconomic reintegration services to those who received medical care at the Panzi Hospital in Bukavu. Since 2010, Dorcas Rurale has expanded the provision of these services across 5 territories in the province of South Kivu, including Uvira, Walungu, Kabare, Kalehe, and Idjwi.

Notable 2021 program achievements

– Maison Dorcas:

- 122 people were housed at Maison Dorcas and received food (e.g., 3 meals a day), housing, medical care, and psychosocial care
- 1,390 women received training in business skills, 264 received trades training (e.g., agro-pastoral production, etc.), 46 received literacy training
- 129 people benefited from reintegration kits
- 277 children were supervised (e.g., school, day care), including 64 children that received school kits
- 1,759 people were supported in 80 MUSOs
- 59 women produce and sell their products at 13 micro-centers in Bukavu and one outside Bukavu



Notable 2021 program achievements

– Dorcas Rurale:

- 151 beneficiaries received training in trades (e.g., basketry, cutting and sewing, etc.) and literacy
- 100 beneficiaries received support for rice cultivation (e.g., access to community field; support in sowing, plowing, and harvest; phytosanitary products/fertilizers, etc.)
- 100 beneficiaries received support for coffee growing (e.g., access to nursery for coffee seedlings; 18,250 coffee tree seedlings and 10,750 agroforestry tree seedlings were transplanted into Panzi Foundation fields and personal fields of beneficiaries)
- Five processing units (rice huller, three semolina mills, coffee huller) were installed in beneficiary communities
- 2,225 kg of rice were sold by the beneficiaries to local consumers and consumers in the city of Bukavu at a price of \$17/25kg bag
- 542 beneficiaries (512 women and 30 men) were supported by grants for income-generating activities (e.g., agriculture, animal husbandry, fish farming, etc.)
- School fees were paid for 778 secondary school children
- 1,983 children received school supplies (e.g., backpack, notebooks, pens, pencils, erasers, etc.)
- 180 MUSOs and 12 pre-MUSOs were supported reaching 4,874 beneficiaries

PRVBG TANGANYIKA

Geographical location can be an insurmountable barrier to care for many survivors of sexual violence. While Panzi Hospital operates mainly in Bukavu in the province of South Kivu, our goal is to expand access to care across the DRC and globally.

This project brings local, accessible four-pillared care to survivors of sexual violence and patients experiencing other severe gynecological pathology in the province of Tanganyika.

Notable 2021 program achievements:

- 655 survivors of sexual violence were treated in the Tanganyika OSCs and mobile clinics
 - 138 (21%) arrived with 72 hours and received a PEP kit
- 110 women received surgery to repair fistula and 300 received surgical repair of urogenital prolapse
- Out Reach campaign:
 - A team of 4 people from Panzi Hospital (3 doctors and an anesthesiologist) traveled from Bukavu to Tanganyika and operated on 240 patients to repair fistulas and organ prolapse
- 14 mobile clinic missions lasting four days each were carried out in Internally Displaced Persons (IDP) sites and 17 one-week mobile clinic missions were carried out in health zones outside Kalemie (e.g., Nyunzu, Moba, Manono, and Nyemba)
 - 179 SVS received support during mobile clinics
 - 256 cases of prolapse and 58 cases of fistula were received and referred to the OSCs for surgery
- 839 cases of GBV received psychosocial care, including 270 of them that received specialized therapy (e.g., CBT)
- 641 people were fed and accommodated at the transit house at HGR Kalemie and 466 patients and caregivers received occupational therapy and training in income-generating activities (i.e., basket weaving, tablecloth and sheet weaving, etc.)
- 685 awareness sessions were carried out, reaching 27,289 people (17,550 women and 9,748 men)
- Sessions focused on key concepts of GBV, promotion of women's rights, and available services at Panzi Foundation
- 1153 people attended the legal clinic in Kalemie
 - 191 cases were brought to court with 58 judgements
- An exploratory mission was carried out in Kalemie by the Panzi Hospital team to analyze the current state of multisectoral response to GBV cases in Tanganyik and identify the training needs of stakeholders (i.e., doctors, psychologists, magistrates, lawyers, etc.) in Tanganyika



UNHCR PSO MOBILE PILOT PROJECT

Project for the strengthening of community mechanisms for prevention and response to protection incidents and other GBV in the sites of Cinda and Luziru in the Walungu territory

In this pilot project, UNHCR supported a mobile clinic for psychosocial care for survivors of sexual- and gender-based violence in Cinda and Luziru in the territory of Walungu.

The Panzi Foundation started its mobile clinic program in 2003 and since then has provided 17,443 people with psychosocial support. This project, in collaboration with UNHCR) targets two localities chosen for the frequency of GBV incidents in this area and the resultant need for psychosocial care.

Notable 2021 program achievements:

- Psychosocial support for 507 survivors of GBV and other victims of protection incidents
- Training was provided to 20 community actors, 4 psychosocial assistants and 3 nurses from 3 health centers on GBV prevention, referral mechanisms, basic notions in GBV case management, psychological first aid, and basic notions of counselling
- Organization of two sensitization campaigns to support 120 actors and community leaders in Cinda and Luziru to promote prevention of SGBV through community leadership
- 20 radio programs on GBV, COVID-19, and psychological first aid
- 4 home monitoring missions and 2 recreational outings for survivors of SGBV



RED CROSS OF LUXEMBOURG AND MONACO


Supporting survivors of sexual violence in their socioeconomic integration and psychological treatment

This project, funded by the Red Cross of Luxembourg and Monaco, focuses on two of the four central pillars of holistic care provided by Panzi Hospital and Foundation: the socioeconomic reintegration and psychological support of survivors of sexual violence and other vulnerable persons.

Specifically, this project aims to provide dignified housing and support in setting up sustainable agropastoral economic activities for 65 survivors of sexual violence, support 6 MUSOs for the beneficiaries, and to provide basic psychological care for 150 survivors of sexual violence across the 6 MUSOs, according to their respective needs. This work will be carried out in Minova, Kalehe, Katana, and Kavumu

Notable 2021 program achievements:

- Identification of 65 beneficiaries
- Construction work on 65 houses for the beneficiaries was executed from September-December 2021
- In September and October, beneficiaries received the first distribution of agricultural seed kits and livestock (goats and pigs) according to their expressed needs
- The 65 beneficiaries received agropastoral kits according to the agricultural calendar (Season A in September and Season B in February). These kits consisted of:
 - A total of 1550 kgs of seeds (i.e., bean, maize, soybean, groundnut) were distributed to the 65 beneficiaries
 - A total of 130 broodstock (102 goats and 28 pigs) were distributed at a rate of one pair of broodstock (one male, one female) per beneficiary
- Follow-up and support of beneficiaries in their agropastoral activities was performed on a regular basis (e.g., training on agricultural techniques to improve yield, monitoring agropastoral activities, vaccination of animals, sensitize beneficiaries to composting practices, etc.)
- 6 MUSOs were identified for support (e.g., financial and capacity building) and training was provided to selected MUSO members on the sound management of grant funds
- The 150 survivors of sexual violence identified in the 6 MUSOs started psychological follow-up activities in October
 - These activities included counseling and group therapy sessions, home visits to follow-up with beneficiaries who received psychosocial care, and training in management/business skills



To reduce sexual violence, we need action and commitment all the way down the pyramid of power in our societies, from the top to the very bottom



In sub-Saharan Africa, four out of ten women give birth without medical care. This abandonment is a form of violence against women.

POSTKOD LOTTERIE:

Strengthening holistic care in South Kivu, with focus on maternal health and livelihoods

The PostKod Project supports Panzi in its goal to improve maternal-child health and holistic care for survivors of sexual violence, with a focus on pregnancy.

This project aims to improve the physical environment and staff capacity of the Panzi Hospital maternity ward (e.g., modernizing equipment and expanding physical space to improve working condition, midwife capacity building, etc.) and to support reintegration and socioeconomic empowerment of survivors of sexual violence. Furthermore, as part of Panzi's vision to expand access to holistic care to survivors of sexual violence around the globe, this project includes an exchange of experience with Nadia's Initiative at the Nadia Murad Center in Iraq.

Notable 2021 program achievements:

- This project supported many training sessions on the holistic model for managers and staff from across five hospital departments including the sexual violence department, prenatal consultation and maternity, neonatology, intensive care, and the psychiatry department
- 8 childbirth preparation simulation sessions and 8 preparatory visits to the maternity ward/delivery room were provided to 15-20 pregnant minors
- A complete kit of maternity ward monitoring equipment (e.g., fetoscope, electric blood pressure monitor, doppler, electric thermometer, tape measure, oximeter, glucometer) was provided to three groups of midwives
- The Panzi ambulance was outfitted with an emergency kit specific to maternity cases
- The workflow of the maternity ward at Panzi Hospital was restructured to improve efficiency and quality of care, including the inception of a "holistic room" that provides a quiet and secure delivery room for primiparous minors to improve birth outcomes
 - A management research study operated by the University of Gothenburg and the Evangelical University in Africa will investigate the impact of this room by comparing outcomes between women who give birth in the holistic room and those who give birth in the larger maternity ward
 - So far 365 women have participated in this study, including 258 women who gave birth in the new room and 107 in the ordinary maternity ward
- The master plan for major renovations of the maternity ward were finalized with Luxembourg Red Cross with a projected start date of March 2022
- Every Wednesday, a short training course is provided for midwives
- A new midwife with training up to international standards (3-years of training at the University level) was recruited to ensure quality of care
- Two virtual sessions took place between experts from Panzi Hospital and the Nadia Murad Center in Iraq to initiate knowledge exchange (e.g., general introductions to the holistic SGBV response model and basic guidelines on SGBV cases management and counseling practices)
- 100+ training sessions were carried out for beneficiaries in income-generating activities and life skills including agricultural and livestock techniques, business skills, respect for body hygiene, the principles of savings and food, and female empowerment
- 500+ field visits to individual beneficiary fields, MUSO community fields and MUSO community projects, and beneficiary households practicing animal husbandry to provide support
- Support of 5 Nobela Centers – points of sale for beneficiaries who received training in trades and reintegration kits at Maison Dorcas – including business skill training.

PANZI

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