

Butoke's annual narrative report for the period 1 January to 31 December 2022

Project name: Community Development in Kananga, Tshikaji and Tshimbundu

Country/Region: Democratic Republic of Congo / Kananga, Tshikaji and Tshimbundu

Implementing Partner: Butoke

1. Education

Assembly of Tshimbundu students at right

Education is the driving force behind all Butoke's activities, because it is through education that we achieve the social and economic development of our society. For example, thanks to education, accompanied by material and financial support, women who were abandoned for one reason or another have now become an economic force within their families and communities, becoming a source of sustenance for others rather than a mouth to feed.

1.1 Activities and outputs

This year we have operated two six-classroom school complexes, in the communities of Tshikaji and Tshimbundu respectively.

Each one provides primary and secondary school education, along with vocational training in mechanics, tailoring and agriculture. To summarise,

In Tshikaji, we have:

- In primary school, 239 girls and 275 boys;
- in general secondary school, 134 girls and 178 boys;
- studying mechanics, 157 boys (no girls);
- in cutting and sowing 88 girls (no boys);
- in agriculture, 28 girls and 50 boys.

In Tshimbundu, we have:

- In primary school 311 girls and 302 boys;
- in general secondary school, 209 girls and 211 boys;
- studying mechanics, 150 boys (no girls);
- in cutting and sowing 110 girls (no boys);
- in agriculture, 37 girls and 67 boys.

Compared with Tshimbundu, the Tshikaji curriculum also offers pedagogical training, as well as biology and chemistry at secondary level.



Below, the Tshimbundu educational complex



The school in Tshikaji offers additional education in pedagogy, and includes biology and chemistry as part of the secondary school program.

Classes are organised to maximise the use of the infrastructure. Thus, the 6 primary classes operate in the morning and the secondary classes in the afternoon, with the exception of some secondary classes which operate in the morning. In Tshikaji a second building houses the offices and two residences. In Tshimbundu, some classes operate in two additional houses that the traditional chief gave us as gifts.

We also supervise a number of university students supported by Butoke: one group in Kananga, the other in Kinshasa.

In addition, we have conducted special activities: sports, guided visits to the dam, guided visits to the hospital and the local market.

We place great emphasis on assessment in each class and have held three assessment exams in each class from grade 1 to grade 6 in both our primary schools.

Only our sixth graders in both schools were tested by the state, as this test is necessary to obtain the Primary School Certificate of Completion. All our students passed the state test and all were admitted to grade 7 in both Tshikaji and Tshimbundu.

Our secondary school students in Tshikaji and Tshimbundu were monitored regularly and tested for all grades in both our complexes with satisfactory results. On average, more than 80 percent pass points were recorded for our two school complexes. The best results were seen in agriculture and sewing, where results of 100 percent were observed. The other sections scored between 65-75 percent, with some failures.

The secret of this excellent performance is the will to do better, the love of a job well done, the passion for the vulnerable and also the memory of our beloved Cecile de Sweemer. We have also spent a lot of money on the training of our trainers, who are disciplined and diligent.

At the university, all our students in Kananga and those in Kinshasa worked very well and all of them found satisfaction and were admitted to the higher classes. Three of them, including two girls and one boy, completed their graduation cycle.

With regard to vocational training, this is about learning a trade with a view to practising it on the market. It is a way of recuperating people who can no longer attend primary or secondary school, but who wish to learn a trade for their self-sufficiency. Anyone can participate, but our objective is to empower women and elderly people who are uneducated and unemployed. Our concern is that these people should be able to take charge of themselves. This training often lasts for a short period of time, from 3 months to 12 months, or a maximum of 2 years. It ends with the award of a certificate of completion.

For example, vocational training in agriculture lasts only a few months. In comparison, secondary school education with a specialisation in agriculture lasts 6 years or more. The latter is sanctioned by a national state examination to obtain a state diploma.

In terms of the number of educational staff, the overall staff numbers are comparable for each of the two school complexes: one headmaster and 31 teachers (7 of whom are women) in each case, as detailed in the table below.

1.2 Results

As mentioned above, the main results obtained by each school, represented in percentage terms, are generally excellent to the extent that:

- All the pupils in our two primary schools passed the end-of-cycle tests and all obtained their primary school leaving certificates issued by the Ministry of Primary and Secondary Education of our country, which allows the pupil to be admitted to the secondary cycle.
- Among the students who have completed their secondary education, some have gone on to university, while others, like many in the pedagogical section, have chosen to join the labour market. Depending on their specialisation, these students became primary school teachers, mechanics or farmers. All of them have become responsible and hard-working people who take responsibility for the education of their little sisters and brothers.

1.3 Indicators

Indicators	Tshikaji		Tshimbundu	
	Girls / Women	Boys/ Men	Girls / Women	Boys/ Men
Number of children with primary education	239	275	311	302
Number of children who completed primary education	28	36	34	41
Number of elementary school children who received kits for vulnerable students	127	89	141	117
Number of youth with general secondary education	134	178	209	211
Number of youth who completed general secondary education	22	41	27	51
Number of general secondary school students who received kits for vulnerable students	61	54	79	51
Number of youth who received a technical education in mechanics	-	157	-	180
Number of youth who completed a technical education in mechanics	-	55	-	65
Number of youth who received technical education in cutting & sewing	88	-	110	-
Number of youth who completed a technical education in cutting & sewing	26	-	35	-
Number of youth who received a technical education in agriculture	28	50	37	67
Number of youth who completed technical education in agriculture	3	8	6	17
Number of technical students who received kits for vulnerable students	42	40	58	39
Number of elementary school teachers whose salaries were paid in whole or in part with project resources	3	5	3	5
Number of general secondary school teachers whose salaries were paid in whole or in part with project resources.	1	11	2	10
Number of technical school teachers whose salaries were paid in whole or in part with project resources.	3	8	2	9

1.4 Needs

The needs are enormous. Here are a few examples in the area of vocational training:

- Many of our beneficiaries ask to do computer training, but this requires access to computers that are beyond what we are able to provide.
- In the sewing section, we have only one sewing machine and all the girls in the sewing section want to be in front of the sewing machine at the same time during the technical training.
- We need more practical service materials. For example, our students in agronomy need access to tools to practice what they've learned.

Generally, in DRC, expenses in private schools are borne by the parents. Our case is special because more than 85% of our pupils are children of poor and vulnerable parents from large families, plus the children of our teachers, orphans and the disabled.

The monthly income we receive at the primary level comes from the 15% of the pupils who normally pay but this does not exceed \$100 (one hundred dollars) per month, which yields about \$1,000 per year per school, counting the value of the in-kind food that is offered. At the secondary level, we manage to achieve about \$200 per month and \$2,000 per year per complex.

The contribution from our donors FOB US, FOB UK and HOPE covers most of our salary and other expenses.

1.5 Challenges and proposals for program improvement

We need to build sheds for the professional practice of each of these disciplines separately and to introduce the different materials according to the section.

1.6 Participants' stories

- NM, orphaned, a resident of Tshimbundu living with the family of an aunt (her mother's younger sister) was forced to prostitute herself to eat. She became pregnant, after which she was chased away by her aunt. She joined us in Butoke. We took care of her and she gave birth to a boy in April 2022. After the birth, she decided to do the sewing and cutting training. We accompanied her to the end of the training and today she is married and seems to be living a happy life in her home.
- The current trainer of our training centre in tailoring, Mrs Mbombo Tshipamba, is a graduate of our centre. A single mother, she is very intelligent and we have retained her to guide the other single mothers.
- The current manager of our orphanage, Mr. Munda Vinthium, is a graduate of our mechanical training, he is an orphan of father and mother. He arrived at our centre in 2008, at the age of 11, accompanied by his two little sisters, 5 year old Nyembuela and her 7 year old sister Mulangay. Munda did all his studies with us and chose to study mechanics after his primary school studies. He was very bright and after he finished his studies, we retained him as manager of all the orphans and as Butoke's mechanic. This young man is in great demand and his life is good.

1.7 Sponsored university students

The budget line for university students was used to support a large number of students in Kananga and a smaller number in Kinshasa.

Two of those in Kinshasa have just finished their studies, one of them a girl who has just finished in communications, another in law.

Some of those in Kananga are studying pedagogy. Others are studying nursing, laboratory, pediatrics, midwifery and nutrition. Some have chosen to study agriculture and rural development.

Our criteria

The criteria for selection are as follows:

- to be vulnerable and to be gifted, intelligent;
- accept and sign up to return to the community to serve for 5 years before you decide otherwise;
- love for the vulnerable, elderly, disabled, orphans, albinos, children.

As a testament to the team philosophy we are trying to develop:

- all, or almost all, of the agronomists now work with us in Butoke;
- many of our nurses, especially in Tshimbundu, are among those we trained in the universities;
- the current lawyer, the legal counsel of Butoke, is a girl we sent to study in Kinshasa; she has returned and is working with us at Butoke.

2. Health

2.1 Activities and outputs

At right: Malaria patient and attendant, Tshimbundu clinic

Butoke has been accompanying the population of Tshikaji and Tshimbundu in health for several years, either :

- at the bedside, providing nursing care;
- accompanying births;
- through preventive measures such as prenatal consultation, pre-school consultation, administration of vaccines;
- through training in dietetics, birth spacing, etc.

These services are provided in particular by two health centres, the Musue Bantu Clinic, which has been operating since the early days of Butoke, offering a wide range of services, and the Tshimbundu Clinic, which started its activities in 2021. The latter is primarily a maternity



clinic, but in an area without easily accessible health services, the Tshimbundu maternity clinic is also expected to provide a wide range of health services (see table below). These clinics are self-financed to some extent, but are dependent on external funding to provide health services to a poor population.

2.2 Results

Numerous sick people have regained their health thanks to our health services, for the most part without having to travel or spend a lot of money, and malnourished children have regained their strength after 2 to 3 weeks of nutritional rehabilitation.

We have also focused on training in preventive care:

- training in toilet making;
- use of toilets and handwashing after the toilet;
- hand washing with soap at the nutrition rehabilitation centre before eating (as opposed to washing with soap after eating to remove food odours)
- the use of masks in public and the use of disinfectants;
- hair and nail care, considering that nails are often the gateway to many diseases because of dirty hands
- washing fruits before eating them.

2.3 Indicators

Indicators	Musue Bantu		Tshimbundu	
	Girls/ Women	Boys/ Men	Girls/ Women	Boys/ Men
Number of children who received medical care (excluding surgeries)	1,907	2,306	2,066	2,802
Of these children, how many were children under 10 years of age who received medical care for waterborne illnesses or poor hygiene habits?	1,007	1,263	1,404	1,641
Of these children, how many were children under the age of 10 who received medical care for illnesses associated with malnutrition?	409	645	736	795
Number of adults who received medical care (excluding surgical procedures)	312	217	233	187
Of these adults, how many were pregnant women who received medical care for waterborne illnesses or poor hygiene habits?	73	-	98	-
Of these adults, how many were nursing mothers who received medical care for waterborne illness or poor hygiene habits?	56	-	73	-
Of these adults, how many were pregnant women who received medical care for diseases associated with malnutrition?	34	-	62	-
Of these adults, how many were nursing mothers who received medical care for illnesses associated with malnutrition?	84	-	111	-
Number of children undergoing surgery	37	22	42	28
Number of adults undergoing surgery	104	185	231	212
Number of women who received prenatal care	294	-	311	-
Number of assisted deliveries	209	194	236	198
Number of physicians whose salaries were paid in whole or in part with project resources	-	2	-	2
Number of nurses whose salaries were paid in whole or in part with project resources	3	2	2	2

Our ability to self-finance the clinics is as limited in health as in education, because our clients are generally the most vulnerable, whom we treat free of charge and whose treatment can be very expensive for Butoke to take on for complicated cases such as caesarean sections, strangulated hernias, or intestinal obstructions; some cases require transfers to specialised and better occupied care units.

The average monthly income of our clinics is around \$250-\$300 per month and \$2,750-\$3,000 per year for each of our two clinics. The funds from FOB US, FOB UK and HOPE cover a very large part of our expenses.

The most urgent unsatisfied need is to raise women's awareness about:

- the importance of not giving birth in the village with all the risks of contamination with incurable diseases such as tetanus in the last stage of childbirth;
- the quality and quantity of food to be given to pregnant women and children to prevent malnutrition (kwashiorkor, marasmus, or dwarfism);
- the importance of prenatal consultation, attendance at health centres in case of illness and pre-school consultation;
- the use of insecticide-treated mosquito nets;
- the consumption of clean drinking water; and
- the concept of birth spacing and, above all, limiting the number of births.

2.5 Participants' stories

- In Tshimbundu, 29-year-old mama Ntumba Kabongo, the wife of the village sub-chief, came to the newly-built clinic to give birth. She expresses her appreciation as follows: "We have a delivery bed, which is not available anywhere in our area; we are the first and lucky women to have such a bed in the maternity hospital. The payment is much cheaper than in other maternity wards where women give birth on cots or mats. I will come back again to give birth on this bed. Anyway, Butoke, thank you! "
- The 21-year-old mother from Tshimbundu, named Kapinga Ngandu, tells of her experience of the antenatal clinic: "This place was a haven for snakes, the bush was everywhere. Today, with Butoke, we have a modern maternity ward. We climb onto a modern bed for the consultation, especially to look for the sound of the child in the womb. We deliver on a modern bed. Thank you very much to Butoke.

3. Nutrition

3.1 Activities and outputs

Nutrition in Butoke is done in the following way, by category of people:

- orphans who eat with Butoke, sleep at Butoke and spend their whole life with us;
- another category of orphans who eat with Butoke but sleep in host families;
- old people who eat and sleep with Butoke;
- old people who eat with Butoke and sleep in host families.

To the right - mealtime in Tshimbundu

All eat three times a day:

- porridge in the morning;
- at noon, rice with beans;
- In the evening, we serve fufu, accompanied by manioc leaves, amaranth, Chinese cabbage or cabbage, sometimes meat or fish, including sardines.

We distribute soap and clothes, and offer medical care when needed.

At the nutrition centre, we receive children suffering from three categories of malnutrition: kwashiorkor, marasmus and stunting.

3.2 Results

Care is provided at two levels:

- healthy people who attend our orphanage and old people's hospice; and



- sick people who attend our nutrition centre and receive care for their medical condition in addition to food.

Sick children suffering from a health condition in addition to malnutrition typically overcome that condition in less than two weeks, depending on the degree of their malnutrition. Children suffering from kwashiorkor receive an antibiotic supplement, vitamin A, folic acid and deworming medication and, above all, sustained attention; this category of children is very sensitive to the cold and requires blankets against the cold. How long children are kept with us at the nutritional centre varies from 2 to 4 weeks, averaging 3 weeks.

3.3 Indicators

Indicators	Girls/ Women	Boys/ Men
Number of children who received food aid at the Tshikaji nutrition center	2,608	2,249
Number of children who received food aid at the Tshikaji orphanage	2,426	2,754
Number of children who received nutritional support outside the nutrition center and orphanage	743	934
Number of people who received food support in the seniors' home	236	92
Number of people trained in nutrition and healthy eating habits	2,886	567

Indicator	Value
Number of training courses or information sessions on nutrition and healthy eating habits	26

The vast majority of the children we see under the age of 10 have had their lives saved by Butoke's dietary care. We are able to save the lives of up to 90 per cent of the people who attend our centre. We are pleased to see Butoke bringing smiles to the faces of people who were previously in despair.

However, there is a distinction to be made between those under 5 years of age, who arrive with kwashiorkor, marasmus and dwarfism, and the older children, who more often suffer from chronic malnutrition.

3.4 Needs, Challenges and Suggestions for Program Improvement

For this project, which has obviously saved many children and even young adults suffering from chronic malnutrition, the greatest need for more food, which implies an increase in this budget line, because at any given time we are faced with unforeseen events such as people arriving from other health zones. We use local products which are readily available even if the price is rising, but we would need a larger stock of food.

3.5 Participants' stories

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4. Agriculture

4.1 Activities and outputs

Our agriculture programme works on the basis of grouping people from different categories into associations. Each association is composed of several members among whom we have included orphans, widows and widowers, some of whom are particularly vulnerable.

An association consists of 20-25 people with a steering committee of 5 members, among whom we insist on the participation of women in order to combat the inequalities in the community and the disregard for women. For an association to be supported by Butoke, two of the five positions on the association's committee must be filled by women, namely the position of treasurer and the position of either secretary or vice-president, depending on the level of education of the candidates.

Once the associations have been formed, the supervisor and the agronomists responsible for a region organise the first contact meeting with all neighbouring associations and each association presents the elected members of its management committee.

At the same time, each association presents a statement of its needs, including information on the choice and size of the field they want to work, the needs for tools and the seeds of their choice. Butoke arbitrates these requests according to the objectives, which include the good health of the members and the need to increase plant-based protein.

Once the calendar of activities has been drawn up, the agronomists start their field trip to accompany each association in the choice of land to cultivate, taking into account the first crop to be sown in the crop rotation. At the next meeting, the agronomist brings the requested tools and promises to bring the seeds when the association has finished the area it has assigned to itself. The association communicates the end of the first works and the agronomist follows up, measuring the field to determine the quantity of seeds to offer them, according to the agricultural calendar and the choice of the land and the type of seeds corresponding to it. The agronomist and the supervisor hand over the seed to the association for sowing, either in rows or on the fly.

The agronomist returns to the field for replanting a few days after crop emergence, followed by the first weeding, which takes place a few weeks later, during flowering. The second weeding is avoided for groundnuts because of the risk of tearing out the gynophore that produces the groundnut pods, with a negative impact on productivity. At maturity, we start harvesting, followed by drying, winnowing, sharing and storing part of the crop for the next season.

The geographical distribution of the associations we support covers the hinterland of the city of Kananga, the neighbouring territory of Dibaya and part of the territory of Kazumba. We have recruited agronomists who live in the areas concerned as a way of getting around the problem of transport, which until now has been a problem due to the lack of a corresponding budget line.

New farmers' associations are springing up regularly, with requests often coming from individuals leaving large families who are seeking our material, technical and seed support, and who accept our requirement to include the vulnerable and the elderly. For example, when they return to their families, all the mothers who bring their children to our nutrition centre are looking to join one of our existing associations or to form their own. Similarly, the families who moved from one part of the country to another during the war ask to join existing associations or form their own.

This is a brief description of how the activities are carried out in our association. This model is the same for all associations that receive assistance from Butoke.

Outputs

- The food crops we grew this year were cassava, maize, groundnuts, soybeans, and beans.
- The vegetable crops were amaranth, Chinese cabbage, apple cabbage, tomatoes, celery, eggplant, onions, garlic, sweet potato, okra, hibiscus.

4.2 Results

This year's agriculture has produced a very good harvest and we are in the middle of harvest season for all the 75 food crop associations and 129 vegetable crop associations that we supported this year, not to mention the individual farmers and private associations that have come to Butoke for training.

4.3 Indicators

Indicators	Women	Men
Number of farmers who received seeds to grow on their own land.	2,926	987
Number of farmers who received training and technical assistance in agriculture	2,918	671
Number of farmers trained in nutrition and healthy eating habits	3,972	745
Number of farmers trained on gender equality	3,976	1,284

Indicators	Number
Number of farmers' associations that received seed to grow on association land	88
Number of agricultural training courses	26

4.4 Agricultural production

Main agricultural products harvested during season B (mid-December 2021 to mid-May 2022) 1.beans 2.soy 3.niebe ...
Main agricultural products harvested during the dry season (mid-May 2022 to mid-August 2022) 1. Chinese cabbage 2.tomatoes 3.amaranths ...
Main agricultural products harvested during the season A (mid August 2022 - mid December 2022) 1. but 2. Peanuts 3.cassava ...

4.5 Needs, challenges and proposals for program improvement

At the moment almost the whole population is interested in agriculture and the demand for our services is becoming very high compared to the available capacity. We propose to increase the budget line for associations to meet the needs of the population.

4.6 Participants' stories



At left: Agricultural extension near Tshimbundu

For Mrs. Bitshilualua Tshiabola, 28 years old and member of an association in the region of ..., "the associations supported by Butoke have become models because of the technical support, the crops are sown in lines, the seeds are distributed free of charge, sometimes coffee is offered to the members of the association, and medical care is available in case of an accident in the field. It is really an excellent organisation."

5. Fish farming

5.1 Activities and outputs

Our activities to encourage fish production have gone through several stages:

- formation of associations,
- selection of land for fish ponds,
- distribution of fingerlings that we buy from the people who do the breeding.

All this work has been done under the supervision of a committee of those who have decided to do this work in association. As in the agricultural sector, the associations have to observe the Butoke criteria of integrating vulnerable people into the association and giving certain responsibilities to women within the association.

5.2 Results

As indicated in the indicators below, we distributed fingerlings to 250 women and 397 men, and training to many associations.

All the large fish were used for the consumption of our orphans, widows and widowers or the families of members of our associations.

5.3 Indicators

Indicators	Women	Men
Number of fish farmers who received fish or fingerlings to raise in their own ponds.	250	397
Number of fish farmers who received training and technical assistance in fish farming	121	155

Indicators	Value
Number of farmers' associations that received fish or fingerlings for rearing in their association	44
Number of fish farming training courses	26
Number of fish ponds constructed	39
Number of rehabilitated fishponds	15
Total amount of fish and fingerlings distributed to associations and individual farmers	A lot

5.4 Needs, challenges and proposals for improvement

We have requested and obtained a promise of training from farmers in North Ugandi and South Ugangi (in the north of the country) who have agreed to come to Kasai Central to train at least 100 people in fish farming at Butoke's request. The northern provinces have better techniques that we need to disseminate in Kasai Central where Butoke operates.

In addition to our training needs, we note that some of the fish received from former fish farmers are already outdated and tired. This variety seems not to be the most productive. We hope to clear our ponds of this variety of super tilapia and replace it with a more productive one with the support of our collaborators in South Ugangi. We expect to be in possession of the new variety which will certainly come from South Ubangi by April this year 2023. As we found out during our trip to South and North Ubangi, this variety of super tilapia lays eggs twice a month.

Our population lives in the savannah, where there are not many rivers to host fish in the wild or forests to host hunting animals, hence the need for fish farming to increase access to animal protein, knowing that the deficiency of animal protein is in full swing among our people, and exceeds the limited means of our population who live in poverty. The fish farming project is a consolation for our populations and constitutes an important contribution of animal proteins.

We propose that you increase the budget line for fish farming or support a separate project for fish farming, to enable us to increase the number of ponds, given the high demand, to buy the new varieties of super tilapia and to maintain them, and to

buy the materials for this work and for the number of associations that are increasing day by day. Our great challenge is to see this land become a reservoir of fish, to produce animal protein and improve the quality of our food.

5.5 Participants' stories

The couple of father Kabeya and mother Mujinga testify that "The fish ponds of Butoke, gave us fish for the consumption of our families and ourselves, today in this year 2022. Me and my husband have decided to make our own pond in addition to the association's ponds. We want to produce a lot of fish and eat some of it. We will sell another part to buy clothes and all our fingerlings. We will keep some for our next harvest and we will give some to the three associations that have agreed to follow our example."

"For me," says Papa Kandolo, "I am very happy with the way Butoke shared the fish this year, we received enough fish to eat with my family for seven days. Everyone in my family has to accompany us in the work and we will make our own fish pond to earn more at the next harvest."

6. Spring development

6.1 Activities and outputs

At right, close-up of new spring cap, Tshimbundu

The development of water sources is done within the framework of environmental sanitation and, above all, in order to protect our population against water-borne diseases.

In preparation, we have sensitised the population to establish family toilets and explained to them the importance of these toilets by telling them that if we go to deposit our feces in the bush and especially if our sources of water that we consume are not developed for the most part, we have increased risks of fecal contamination, during the rainy season in particular, due to the runoff of water that carries excrement to the water sources.

We have also encouraged the clearing of paths leading to the springs to avoid stepping on snakes that prefer dark places to hide.

For the development of the springs, we chose some of the most populated settlements to be able to build drinking water sources based on the number of households. We therefore set a minimum threshold of about 500 households before building a drinking water source to serve this population. We estimate that at 7 people per household, these sources can serve about 3,500 direct beneficiaries, not including the more distant population that could benefit.



6.2 Results

At right: Close up of new spring cap, Tshimbundu

In 2022, we rehabilitated 2 springs in Tshikaji and developed 5 springs, 2 in Tshikaji and 3 in Tshimbundu.

Unfortunately, we do not have statistics on waterborne diseases. However, we do have indicators that guide our assessment.

Before the redevelopment or construction of drinking water sources, we not only had many cases of water-borne diseases, but also many deaths among children under 10 years of age, caused by the run-off of human excrement deposited upstream of undeveloped water sources. The resulting diseases are typhoid fever, diarrhoea, amoebae and other parasites. At that time we observed at least 20-35 cases per week in our two clinics and several deaths of children under 10 years of age due to dehydration or the use of traditional medicines in the villages.

After the development of the springs until today, we observe few cases of water-borne diseases in our clinics and few deaths of children under 10 years of age.

6.3 Indicators

Indicator	Women	Men
Number of people benefiting from the development of springs in Tshikaji	11,000	6,500
Number of people benefiting from the development of springs in Tshimbundu	8,248	4,877
Number of people trained/informed on equitable use of water, sanitation and hygiene	745	305

Indicator	Tshikaji	Tshimbundu
Number of springs developed	2	3
Number of training courses or information sessions on equitable water use, sanitation and hygiene	26	26

6.5 Needs, challenges and proposals for improvement

Our needs:

- rehabilitation of springs of springs developed since 2008-2012 (about 125 springs);
- development of new springs (about 65 springs);
- awareness-raising for the proper use of water from the developed springs;
- weeding of paths leading to the springs;
- training of community relays;
- distribution of maintenance kits for each spring developed;
- protection of water already drawn on the road home.

Butoke has identified 11 springs that should be prioritised for capping. Two of these are in Tshikaji and Tshimbundu respectively. The others are in other communities as indicated in the table below. The cost of spring caps in each case is estimated at \$US 4,700.

Name of the source	Location
1. MUTANDA	TSHIKAJI
2. KAMPANYANGA	NKONKO
3. MUYENGA	NKONKO TSHIELA
4. KASANDA	TSHIMBUNDU
5. TSHINEMA	NKANDI
6. LOSHA	MBUMBU
7. MUKENGE TSHIAMUA	KALEYA
8. TSHIBAYA	MAMPANYA
9. MUKENDI	MUKENGELE
10. BUKONDO	MULUMBA KABUYA
11. MPANYA SANTU	KANKULU

6.6 Participants' Stories

The whole community, when they see us setting foot in their village, wants us to do in their village what they saw us doing in other communities. The comments and requests we receive are not just about water sources, but also about other health needs.

Mrs Akuyali, from Mampanya village, aged 44, a teacher and mother of 7 children and present on the day of the outreach, expressed that "We die a lot from water borne diseases, malaria and kwashiorkor, especially among children and even some adults often die of typhoid fever. We ask you to help us get a health centre, a maternity clinic, a nutrition centre and clean

water. We, mothers, give birth on the road on our way to the maternity hospital and very often with many complications that sometimes lead to maternal death and also to infections by the newborn if the objects used to cut the umbilical cord are dirty and soiled.”

Mrs Kapînga, from Kampanyanga, aged 39, emphasised "the lack of drinking water in their region, the lack of maternity wards, the lack of equipment to know the position of the child and the sex of the child, with all the risks that this opens up during childbirth. We come to give life by giving birth to a boy or a girl, but we see that we ourselves lose our lives despite our will and determination to give life. It's tragic! Sorry, sorry, help us to protect ourselves and the lives of our children by building a maternity hospital, equipping the maternity hospital, and developing our drinking water sources as you have done elsewhere. Thank you!"

Here are some testimonies focusing more specifically on the spring caps:

According to Mrs Tshiela, “In Nkandi, children, young people and mothers, even old people, go to the spring day and night to look for drinking water. In fact, all the older people prefer the night to avoid the rush during the day. The paths to the spring are very well laid out and prevent snakes from coming to bite people and also, and above all, prevent rapists from catching girls to rape them in the bush.”

Mama Meyi says: "In Tshimbundu, for the first time in the history of our community, we have just watched the construction of a spring cap and with it, the end of water-borne diseases. With the well-weeded path, we are now drawing water day and night without fear of snakes or rapists.”

In Tshikaji, Mrs Odia says she is very happy that she is now drinking clean water thanks to Butoke's help: "We are now free from water-borne diseases. I and my team from the monitoring and maintenance committee will maintain this spring twice a month, to clean the paths, clear the drainage channel of dirty water, clean the water point and especially, ask the village chief to prevent quarrels at the spring.”

In Nkonko Tshiela, Mrs Mbombo, our community liaison, says that "the whole community is celebrating the arrival of clean drinking water. The community hopes to carefully manage this water source and asks if we could build a second source since there are more than 12,500 people in this community.”

7. Sexual equality & Prevention of sexual violence

7.1 Activities and outputs

Butoke's actions in relation to gender equality consist of awareness-raising activities on the one hand and a second component focused on the prevention of sexual violence.

Awareness campaigns

In addition to the activities integrated into other programmes, such as the requirements for membership of both sexes in our agricultural and fish farming associations, Butoke carries out awareness campaigns in different forms.

In particular, we have organised football matches up to three times a year, with boys playing each other and girls playing each other, in the form of inter-school competitions. The fact that these tournaments include teams of both sexes provides an opening to talk about gender equality and every time we organise these clubs we welcome more than 1,000 people, young and old, men and women, from different parts. We take the opportunity to talk about the topic of the day before the tournament starts to get the message across to the players and their supporters. The topic changes from time to time and may include for example the importance of women in our society, the role of women in society, the protection of women, what to do about rape, early marriage, forced marriage, the place of women in decision-making in the family and elsewhere, and so on.

In our schools, Butoke also organises lectures, bringing pupils and students together in a room to discuss with them the love of God and of one's self, engagement, marriage, the role of women in society, responsible sexuality, birth spacing, equity and equality, large families, and girls' education.

Prevention of sexual violence

Because sexual violence is all too common in our country, Butoke has launched a vigorous campaign of prevention and care for victims. This involves intervening in rape cases brought to our attention as part of our regular programme or as part of the separately-budgeted Elsa Corp Justice Project.

Once we are informed of a case of rape in a community, our first acts are to become aware of the case and to verify whether the case is really a rape, and within a short time, to go to the scene, to speak to the victim, followed by preliminary care within 72 hours to avoid unwanted pregnancy and prevent certain sexually transmitted infections.

Then we return to the office with the victim, accompanied by a family member, and open a legal file with the local police and prosecutor's office, and with Butoke's legal counsel; or with the village chief, to help us identify or find the rapist, because in most cases, the rapist flees to other surrounding villages. Once the rapist is found, he will be taken to the police or the prosecutor's office for the start of the trial.

In parallel, treatment is continued for any coital trauma and sometimes for physical trauma, which may occur from fights between the rapist and the victim. After the victim has recovered, the psychological counsellor's turn comes for psychological care. Butoke is at the disposal of the victim, and offers her money for food, clothes, laboratory tests, ultrasound, radiology and gynecological tests in the case of coital trauma, especially if the girl is taken sexually by several people, and this often happens if the girl has been drugged.

The follow-up of the case is done by the lawyer and Butoke, until the conviction of the rapist.

7.2 Results

The different strands of our interventions are mutually reinforcing, starting with the gender equality norms that we promote within our associations.

Elsewhere, training on responsible sexuality, training on birth spacing and the number of children in the household, the fight against sexually transmitted diseases, and the fight against the wearing of provocative clothing by girls and women are all pillars that make it possible to indirectly confront the scourge of sexual violence.

In turn, the project to combat violence against women and girls has been a key element in the project to manage rape against girls and women. Any potential rapist in our region knows better than before that rape is a major offence that deserves serious punishment, especially when it comes to underage girls, thanks to our interventions.

In the course of 2022, Butoke supported and accompanied 26 rape victims, 6 of which were under the Elsa Corp Justice Project. The ages of the victims range from 14 to 17 (1 14-year-old, 2 15-year-olds, 3 16-year-olds and 5 17-year-olds).

A rapist convicted of rape can receive a sentence of 5-10 years in prison. This conviction is a moral lesson and a deterrence for all other young men in the area.

The results are that once the victims have been reintegrated into the community, they are able to look after themselves by doing odd jobs with the little money they have left.

7.3 Needs, challenges and proposals

Needs

Education remains the most effective means for development and for changing attitudes and opening up opportunities and professions to girls and women. To achieve our goals, we have an obligation to provide training at all levels.

In material terms, one of our needs is for rapid transport to reach the middle of any drama and initiate care.

Legal charges are particularly onerous in prosecuting rapists, which is why Butoke is very grateful for the contributions made under the Elsa Corp Justice Project.