Towards peace of mind

Negative impact of the war on the children in the Northern of North Kivu Beni Territory


Visited school in the Territory of Beni: BENI- ERINGETI:; primary school Eringeti, Sisene, kanana, Mayimoya, Mudoole, Kisiki, Kokola and Samboko

Beni Watalinga Northern Easter of beni Territory: Kakavya, Nsungu and secondary school Buisegha.

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Researchers:

Jonas Kambale Love More: Child Protection Specialist for TPO DRC
Joseph Moneta, Community Developer, specialized in Mental Health and Psycho Social Support
E-mail: kambale.jonas@gmail.com
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Executive summary

The TPO Team working in East DRC has been at the forefront of working with the youth/children, helping them to become responsible and productive citizens in their communities. Children might suffer from traumatic experiences and asked TPO for the needs and skills assessment in Northern of kivu Beni territory ERINGETI and KAMANGO. Due to shambles or insecurity organized by ADF/NALU, it was decided that TPO would only go into where is secured places especially where MONUSCO Camp is located.

The TPO’s purpose for this assignment was to establish of a sense of well-being (peace of mind) for individuals, families and communities in areas where shambles and assault happened in the different hamlet of Beni by supporting schools and health clinics visited by perpetrators ( ADF/NALU) and other schools occupy by IDPs whereby black boards, benches and books were used as firewood for their survival. Therefore, a skills and needs assessment was conducted to gain more insight into the protection of children and psychosocial and mental health of the teachers, school children, parents and health workers.

The goal of the assessment was to gain insight into 1) child protection needs and 2 the mental health and psychosocial needs and 3) the resources and support systems of the children at school, care givers and teachers and 4) the capacity and needs of the teachers after have seen horrible event and (health) staff to recognize and address the children’s needs and resources within the context of the school. By doing the assessment, an impression of the magnitude/volume of ‘trauma’ or trauma related to horrible event that children, teachers and parents of ten primary schools experienced and one community health clinic burnt by perpetrators ADF/NALU for which sick people, health worker and a Doctor was burnt in.

Qualitative research was performed in ten schools and one clinic in ERINGETI and KAMANGO including focus group discussions with children, parents, teachers and health workers. In total, twelve focus group discussions and ten individual interviews were conducted.

Child Protection and Mental health and psychosocial needs of children, their caregivers and teachers

The findings showed that most of all children, parents and teachers interviewed are displaced people. The majority of the children, parents and teachers in all ten schools have been in different location or community currently being killed, slaughtered and all suffer from traumatic experiences while remaining in a very insecure and traumatic situation. All respondents showed every symptom related to traumatic experiences, but their daily stressors are equally or even more traumatizing. The families and teachers are living in extremely poor
circumstances in sheds made of banana leaves, spear-grass houses and have no land to grow crops and or other means of income. The community experiences regular attacks by armed groups or bandits. During the attacks extreme violence is often used. Due to this situation and the fact that they are displaced, the children and teachers lack basic needs like food, clothes and utensils. Children go to school with empty stomachs for sometimes for three days. At least a further nine people have been killed in another attack by suspected Islamist militants in the eastern extremes of the Democratic Republic of the Congo, bringing the total killed in the past week to nearly 50 people. Civil society monitored and reported last week that between 20 and 40 villages had been victims of the shambles in an attack late in the evening on 3rd May in a village in North Kivu province in the vicinity of ERINGETY

Most children’s physical appearance is immature and the majority of the children are not in an age-appropriate class. Some children who are fourteen years old are in their first year of primary school. Most children are all poorly dressed due to looting and perpetrators have burnt their houses with everything and many have an uncared-for look. Almost all children show symptoms related to their traumatic experiences, but their daily stressors including a lack of school fees because all of their parents are famers and the farms have been occupy by rebels groups, on-going high insecurity, and extreme poverty and related family problems are dominant. They talk about extreme fear, phobia, poor concentration and sleeping problems and are very scared and sad and worried. This all results in poor concentration problems at school and a feeling of being worthless

The parents show the same problems and symptoms as their children then who will care about whom. They are not able to support their children and complain that their children no longer respect them because they cannot fulfill their children’s basic needs. Therefore, some children become street kids or go into prostitution. Parents feel helpless; it is heartbreaking for them to see their children spent three days hungry and yet they have crops in the farms.

Almost all the teachers have endured the same problems of traumatic experiences and they show the same symptoms as the children and parents. Most teachers feel dizzy and weak, tired and lack energy, and complain about body trembling due to hunger.

Most teachers show serious signs of trauma, such as nightmares and sleeping problems, poor concentration problems, much vigilance even the car sound when passing, avoidance and repeating memories, feeling irritated or angry and are often overwhelmed by emotions. They are feeling sad, insecure, and nervous, and felt excessive fear or panic and bad in the head. They were overwhelmed with worries and think that they are of no value. The teachers, children whose parents were slaughtered and other locals have completely lost hope for a better future and often think of committing suicide. The teachers are
very poorly paid, which creates hunger and significant problems in their own families, however the increment of their salaries by the SA is in process.

To gain insight into the resources and support systems of these students, care givers and teachers

Each family struggles alone; there is neither community support nor NGO intervening for their sake. The social fabric is damaged by the war and on-going violence and serious rape of women, forcing father to sleep with his daughter, mother sleep with her son and the sibling each other intercourse. Families are displaced and scattered and community members mistrust each other. In North Kivu Beni Territory, the distrust is replete with stories of assail and assault and poisoning and witchcraft IDPs camps. These two issues have become signs of the deterioration of community trust and curtail people’s willingness to support each other or to accept support. The parents lack all sort of supports consequently have been disheartened. The parents feel helpless and refer their children to God for support; this is the only support they can rely on.

Many families are incomplete or parents have problems with each other, thus, there is no peace in the house and no community support. If families are living in isolation, their children are isolated too. Parents not knowing how to support their children a dramatic situation to live in. The children feel disrupted, deprived and stigmatized and rarely play with each other. The only support they have is praying. But they do rarely send children to school with fear that may be they will meet perpetrators, probably the only place where the feel a sense of normality and structure. Teachers find support in the families and church for their personal problems. Private problems and problems at work are separated. They do not have a support system for the problems they face in their work as a teacher. The religious leaders play a very important role in the support system for parents, children and teachers. The families and teachers all think that God is the only one who can offer support, and the church is seen as a safe place.

To gain insight into the capacity and needs of the teachers and (health) staff to recognize and address the children’s needs and resources within the context of the school

The teachers try to cope with the children’s emotional problems, but many problems go beyond the teachers’ capacity to address since them also have similar problems. No teacher has had training in the field of child protection and the holistic approaches to psychosocial support. The teachers lack knowledge of child development and how to stimulate it. The health Centre we visited is not located in the same environment as the schools, and therefore, a combined approach is not possible. The health workers have a very positive attitude, but they lack the knowledge to identify mental disorders, diagnose and treat them.
Teachers, nurses and the CEFIDI staff as community based organization are all working in a constant insecure environment that has implications on the individual workers. The constant pressure of the insecure situation and the influence on their daily practices can result in a sort of emotional withdrawal, where people are no longer able to be a caring group for each other. A close particular attention should also be paid to this situation.

**Suggested interventions**

CEFIDI as community based organization in the zone of troubles Beni Territory is eager to expand their efforts for the well-being of all school children and teachers. The suggested interventions provide these opportunities in structured and safe ways, and therefore contribute to sustainable structures of support in the regional context. In this case, the anticipated effects will be positive and beneficial to children, their caregivers and the larger system that supports their health and well-being.

A consistent intervention programme that includes restoring trust on one hand and creating linkages to existing support efforts on the other hand is recommended. A proven intervention to address community trust is Narrative Theatre (NT) (already known to the TPO psychosocial workers). Building trust is the core element of an intervention programme, because increasing well-being goes hand in hand with being connected.

Parents can be supported with a short training on the subject of parenting in war affected situations or provided with an approach for families learning to coping with exposure to violence or war or who face multiple psychosocial problems. This approach is called the Multi-Family Approach (MFA) that TPO uses to meet community demands. The religious leaders can play a role in helping the parents to rebuild community trust and to realize that they suffer the same problems and can find ways to support each other. The current situation in North Kivu Beni Territory, with the insecurity, extreme poverty and lack of food requires strategies on several levels, including income-generating activities, supporting people to start associations, and access to food.

Introduce NT in school to help children share, talk, play and sing and as a tool to activate small elements of hope and joy. Playing, singing, dancing and laughing together are extremely important elements for inducing hope and for feeling human, connected and respected. Physical play can help to reduce physical tension. Teachers need to be trained in various approaches, such as NT, and a variety of plays and games as well as specific exercises and body work to attain this goal. An important element of the program should be teacher training that specifically addresses educating, empowering and motivating teachers about supporting schoolchildren and their caregivers.
The teachers need training in basic psychosocial care (basic communication skills, psycho-education, problem-solving skills, and counseling for children, NT, special approaches for war-affected children), child development, insight on children’s age-related problems and guidance to help children. SA should support the teachers and register the schools so that the teachers can receive a salary from the state. The nurses of the health Centre should be trained in the knowledge and skills for treating people with mental disorders and/or people who suffer from traumatic experiences. An element of this training is communication. Furthermore, the cooperation between the Health workers and the psychosocial worker of the community can improve. Finally, the teachers, nurses and the members of the CEFIDI in North Kivu should be trained in staff care. This is not only important for the well-being of the individuals, but also for the being able to do their work in the best possible way.

**Acronyms**

DRC Democratic Republic of Congo
E-DRC East DRC
FDLR Forces Démocratiques de Libération du Rwanda: Democratic Forces for the Liberation of Rwanda
FGDs Focus Group Discussions
HSCL-37A The Hopkins Symptoms Checklist 37A
IES-R The Impact of Event Scale - Revised
MFA Multi-Family Approach
NT Narrative Theatre
PTA Parent-Teacher Association
RPF Rwanda Patriotic Front
TPO Transcultural Psychosocial Organization
MDI Muslim Defense International
ADF Allied Democratic Forces
NALU: National Army for the Liberation of Uganda
CEFIDI: Conseil d’Etudes Formation et Information pour le Développement Integral
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1. Introduction

1.1 Background

For more than 20 years, a brutal war devastating in the eastern part of the Democratic Republic of Congo (DRC) has been a tragedy for the millions of people in the area. The war left five million dead and several million displaced, and had become known as a ‘rape war’. Children grow up in this extremely hostile, anxious-ridden and traumatizing environment.

In North Kivu, the current problem is the presence of displaced Congolese who have crowded in the Beni territory ERIGETI, OICHA, KAMANGO, BAU, and Beni city making living condition problematic and fractions of foreign armed groups in both Beni and Lubero. Much of the fighting during the 1996-1997 and 1998-2003 Congo wars took place in the east. After the Rwandan Patriotic Front (RPF) overthrew the Hutu government in Rwanda during the 1994 genocide, hundreds of thousands of Hutus, including many who carried out the killings in Rwanda, crossed the border into eastern DRC. Some of these militias formed the core of the Forces Démocratiques de Liberation du Rwanda: Democratic Forces for the Liberation of Rwanda (FDLR), a group that exists to this day, and which has twice led Kigali to send troops into the DRC to back Congolese Tutsi armed groups.

Beni is a predominantly Christian area, as is most of the DRC, but Independent Catholic News quotes reports that have stated that, within a few years, the number of Muslims in eastern DRC has risen from 1% to 10%. According to the 2014 Journal of International Organisations Studies, 28 of the 44 mosques (63%) in the Medina region of DRC, about 50 miles from Beni, were erected between 2005 and 2012.

“There were very few Muslims in eastern DR Congo until Islamic missionaries’ declared sharia over their claimed caliphate between Beni. Eringeti and the border of Uganda,” said a local church leader, who wished to remain anonymous. To enforce their caliphate, they killed people along their declared ‘boundaries’ and dumped their bodies to make the point. To those who are carrying out these attacks, we are all Christians and obstacles to Islamic rule with sharia over eastern Congo. But this barely got the world’s attention. The National Association for the Liberation of Uganda (NALU) handed itself over to the Ugandan government when their needs were met in 2007.

Local bishops and civil society have, however, repeatedly denounced the resurgence of violence still carried out in the name of ADF-NALU, but which has now taken the form of a jihadist organisation called Muslim Defense International (MDI. According to the Beni-based Study Center for the Promotion of Peace, Democracy and Human Rights (CEPADHO by its French acronym), October 2015 marks one year since the beginning of this latest series of deadly attacks, which have claimed about 600 lives in Beni and the surrounding areas,
with about 800 kidnapped, according to WWM sources. They say the wave of violence has sparked the mass displacement of more than half a million people, including some who have fled to other countries.

A report released in May 2015 by the UN Office for Human Rights in the DRC, covering the period between October 2014 and January 2015, highlights the vulnerability of the Beni population due to the upsurge of violence committed by MDI militants. The attacks it reports were executed in a systematic manner with extreme brutality, as the perpetrators indiscriminately targeted men, women and children, says the report.

Most of the victims were killed by machetes, axes and hammers in order to avoid making a lot of noise. Some of them were burned alive in their homes, while others were shot as they were trying to flee. Other victims, including women and children, were mainly abducted in order to carry goods that had been plundered, or enrolled by force to participate in further attacks, or taken as sex slaves.

The recourse to extreme brutality followed a clear strategy aimed at killing “the maximum [number] of individuals within a very short timeframe”, said the UN report, which also revealed that the assailants operate in small mobile groups of between six and several dozen individuals, and use various methods to disguise their attacks. In the majority of cases compiled by the UN, attacks were carried out at sunset, when villagers were returning from working in the fields.

MDI, a 20-year-old alliance of Ugandan militants, was first linked with former Ugandan dictator Idi Amin. It has long been active in the eastern regions of neighbouring DR Congo, and is responsible for the deaths of hundreds of civilians since 2014.

MDI has repeatedly attacked the majority-Christian population in eastern DRC for years. Kidnapping and murder are common. It is alleged to have support from the Islamic government of Sudan, an assertion made by the Uganda government and backed by Western diplomatic sources. The group is accused of waging a proxy war for Sudan against Uganda as retribution for Uganda’s support of secessionists who broke away to form the nation of South Sudan in 2011.

MDI is known to have attracted foreign recruits and to have forced Christians to convert to Islam. The local population in the related area is overwhelmingly Christian (95.8%) and the impact on them has been immense. After the 3rd May attack, World Watch Monitor heard from a pastor in the area, who said the people are terrified but that while some contemplated fleeing again, others have opted to stay in the hope that things will return to normal.
The need for an assessment

The decision for an assessment was based on a rapport with and the experiences of the CEFIDI working in East DRC (E-DRC). At the beginning of 2014, a consultant carried out an assessment in the DRC regarding the availability of service providers for education (Paul O’Callaghan and John MCc with the co-worker Jonas kambale a congolease specialized in child protection 2011). One of her findings was that there is little attention given to traumatized teachers/children in schools in E-DRC.

One of their (general) recommendations was to give special attention to the psychosocial support of teachers and students during treatment for trauma in E-DRC. The original intention was to do this assessment in North kvu – Beni territory, because of the differences between the two regions (as long as security allowed such an assessment). However, the situation in North Kivu in the assessment period was too insecure; therefore, it was decided to only go into the centre not in the villages where shambles occurred.

The TPO working in North Kivu has one psychosocial workers and child protection officer; one is connected with the MHPSS and the other with schools. They are both trained in Narrative Theatre and use this method quite often in the local communities. These psychosocial workers have noticed symptoms of traumatization among the children, teachers and health staff and expressed the need for a more detailed insight into the student and staff’s problems and coping mechanisms to draft a tailor-made programme for addressing the experienced problems. CEFIDI required the TPO for a needs and resources assessment.

TPO approach as a research framework

The TPO school-based programmes adopt a ‘developmental approach’. The focus is on the child in relation to the wider social fabric of their community, a social fabric of relationships and structures. Children’s development and ability to cope with crises are influenced by their relationships with family and environment. There is a constant interplay and exchange between the child’s internal, psychological traits and his or her external, social environment.

By taking this approach, TPO moves beyond the traumatic experiences and tries to understand the children’s daily problems (What are the daily stressors? Which resources do they use to cope with these? Etc.) and enables the children and their caregivers to draw from available resources to manage such situations. The focus is on promoting psychosocial skills so people can function in their day-to-day lives. The TPO’s vision is a society where vulnerable and marginalized people enjoy mental health, social and economic wellbeing and lead
harmonious, mutually supportive and productive lives and strengthen national and community systems and structures for effective protection and promotion of children’s and women’s rights

2. Purpose and Objectives
The TPO’s purpose for this assignment is to establish of a sense of well-being (peace of mind) for individuals, families and communities in rural areas in the conflict areas in EDRC by 2016. Increase access to psychosocial and mental health services to vulnerable communities.
To reach this goal, a skills and needs assessment was conducted to gather new information by integrating questions related to child protection and psychosocial and mental health concerns from diverse actors in the field: teachers, school children, parents and health workers.

2.1 Goal of the Assessment
1. To gain insight into the child protection and mental health and psychosocial needs of children in schools, their caregivers and teachers.
2. To gain insight into the resources and support systems of these children, caregivers and teachers.
3. To gain insight into the capacity and needs of the teachers and (health) staff to recognize and address the children’s needs and resources within the context of the school.

By doing the assessment, an impression can be given of the magnitude/volume of ‘trauma’ or trauma-related problems of pupils/teachers and parents of ten primary schools in North Kivu

3. Methodology
The approach was based on available resources (skills, time and money), and the study purpose, which necessitated qualitative research tools to gain more in-depth insight into the respondents’ problems in consideration of the context where they live. Although this was a rapid assessment, the principle of triangulation (which means studying the same thing from various perspectives) was used because examining the same subject from various angles results in a better overview of the subject.

3.1 Research group
The assessment was performed in ten schools and one clinic in North Kivu: the primary school KAKAVYA, NSUNGU  the secondary school BUISEGHA and the Health Centre KITIMBA in the region of KAMANGO in the northern Easter of beni Territory and ERIGETI Northern of Beni Territory : primary school
The research groups are the children in primary and secondary schools and the teachers and parents of the Parents- Teachers Association (PTA). In the health clinic of KITIMBA the two nurses and the nutritionist were interviewed.

3.2 Research tools
Tools:
- Focus group discussions (FGDs) with the school children
- Mixed groups of boys and girls of twelve years and younger
- Mixed groups of boys and girls above twelve years
- Groups of girls above twelve years
- Groups of boys above twelve years
- Groups of teachers
- Groups of parents

Individual interviews with headmasters of the ten schools
- Individual interview with two nurses and one nutritionist
- Informal conversations with relevant persons

- Questionnaires for the teachers:
  - The Hopkins Symptoms Checklist 37A (HSCL-37A). An Instrument for detecting Anxiety and depression in torture and trauma victims;
  - a trauma list;
  - the Impact of Event Scale - Revised (IES-R);
  - and Stress and Agency List.

- Questionnaires for the children:
  - Children were asked if they had experienced symptoms mentioned in the

**HSCL**
All group interviews and questionnaire results gave insight into the problems and resources from distinct perspectives. In total, twelve FGDs and six individual interviews were conducted (see annex 1 for more details).

3.3 Analysis
During the interviews, the interview topics and questions were adapted to the specific situation. Some interviews were recorded; others were transcribed into notes. The data of the questionnaires were recorded and all findings were analyzed and discussed. The information given by the members of the CEFIDI in North Kivu was also analyzed.

3.4 Research team
The researchers, Jonas Kambale child protection specialist, Germando and Josphe Moneta the Country Director of CEFIDI
4. Limitations

4.1 Limitation due to insecurity
Initially, this assignment focused on ten schools in the Northern Kivu, and other schools and a health clinic that were all part of the CEFIDI project. However, as said, insecurity in North Kivu made it impossible to visit the hamlet of ERIGETI School. Therefore, the assessment only took place in a territory of beni KAMANGO and ERINGETI.
Due to the ongoing conflict (> 20 years), people may have very differing perceptions of security, which may no longer be in line with security standards that are perceived as 'generally accepted'. During this visit, it appeared that the security situation was extremely fragile. The upcoming elections made the situation volatile. The ADF /NALU and other local militias were located only two kilometers from the assessment locations. Living under continuous security threats may result in other understandings of insecurity and threat.

4.2 Dynamic use of topics/questions for the FGDs
During the preparation period, topics and questions were drafted for each group. However, during the first two days of interviews and after having insight into the participants’ specific situation, it became clear that some questions were not relevant, while others were missing. The lists and use of questionnaires were adapted to this situation. As a consequence, we do not have full information from all groups.

4.2 Use of questionnaires
Initially, we wanted to use questionnaires (HSCL-37A, the Trauma List, IES-R and Stress and Agency List) developed for children by the University of Gent (Centre for Children in Vulnerable Situation). However, it became apparent that the questionnaires were too difficult for the children to understand and we had no time to individually administer the questionnaires. Therefore, we decided after two days to abandon the use of the questionnaires and instead to ask the children during the FGDs if they had experienced the elements mentioned in the HSCL-37A. This provided insight into the problems the children had experienced. The teachers were asked to complete their questionnaires not to arrive at a diagnosis, but rather to gain more insight into their problems and coping mechanisms.
5. Findings

5.1 Context

Almost all children, parents and teachers interviewed in Eringeti School are displaced people. They live in extremely poor circumstances in sheds of banana leaves and have no land to grow crops since rebels have recuperate their farming and or other means of income. The children and parents have no beds, mattresses or bedcovers and are sleeping on beds made of wood and other slumber on the ground and straw on the ground. They are kept awake by a multitude of insects in those ‘beds’.

In the rainy season, the huts do not offer protection against the rain, so the water spoils their sleeping places. Sometimes children and teachers spend nights outside in the bush hiding, because they fear being attacked by armed groups or bandits who do criminal acts (slaughtering, stealing, killings and destroying properties) on behalf of the armed groups or for themselves. The FDLR, ADF and Muslim Defense International and other armed groups that have been in East Congo since the genocide in Rwanda in 1994, are only a few kilometers away and they regularly attack the villages; During our stay, two teachers and their families were attacked. All their property was taken, including clothes.

Often, the FDLR and ADF use extreme violence (like killing, raping, injuring and/or beating) against the people they attack. Due to this situation and the fact that they are displaced, the children and teachers lack some basic needs like food, clothes and utensils. Currently, the children of this school receive one meal at school in a six-month CEFIDI project. After this period, the food program will stop. For many children, the food at school is the only food they receive. Some children have no shoes and their cloths are completely worn out and very dirty. The CEFIDI has supported parents one time with seeds.

About half of the children interviewed and most teachers of these schools are displaced people. They also live in extremely poor circumstances with no other means of income. Due to this situation, the children lack food because their parents who are displaced, and therefore lack land, do not
have enough income generating activities and teachers lack food because of low payment and lack of other activities that can increase their income. Some teachers, children and parents had difficulty concentrating during our interviews because of their hunger. During the break, some children ran to the road and market in an attempt to find something to eat even though it is forbidden. The children are regularly hit by cars when seeking food. Some children have no shoes and for most, their school uniforms are completely worn out. Some parents of this School are also supported with seeds from the CEFIDI and those parents are in a slightly better position.

5.2 Children

Most children in all schools have close family members currently being killed. The children suffer from traumatic experiences, but remain in a very insecure and traumatic situation. They face extreme poverty and hunger. What was quite striking was that most children’s physical appearance looking ragamuffin and was immature. Some children appeared to be six years old, but were in fact, fourteen years old.

Their small stature not only tummies their age since the majority of the children were also not in an age-appropriate class. Some children who were fourteen years old were in their first year of primary school. According to the pastor of the PTA, the children act as if they are dreaming and show signs of malnutrition—water in their legs and bellies. The facial expressions of all the children during the FGDs were sad and worried. There was no laughing. They just sat.

They barely moved during each FGD, which lasted 90 minutes. They looked as if they were numb. Some children gave answers, but were very introverted and
made no bodily changes or expressions in reaction to what other children said. The only other expression we saw was crying. The children were all poorly dressed and many had an uncared-for look: dirty and torn clothes and dirty skin.

This was worse for the children in the Erigeti School and 2 schools. The children of this School were a little bit livelier, but it turned out that in those groups, many children were displaced. Although the children who are not displaced also suffer poverty and hunger, it is not as drastic as the children of the displaced families.

5.2.1 Traumatic experiences
All the children in this assessment have experienced having relatives killed or have even witnessed killings and other violence. To give an example, in a mixed group of eight children older than twelve years, three children have lost their fathers in recent shambles, who were all killed by ADF, and two mothers and one sister were raped and. The mothers were both in the hospital for months and the two children were very afraid that their mothers would not be cured. The girl cannot stop thinking of her mother.

If her mother dies, she has nobody to take care. The boy whose mother is in hospital has only one brother who is looking for work in Beni. When the boy was at school, the neighbours took all their possessions. The parents and sister of another child in that group were killed a year ago. His aunt was taking care of him, but she died recently in the shambles occurred. Two brothers of another child were killed and the father and mother of another child are seriously ill. According to the child, her parents are being poisoned. All children reported family members being severely beaten in attacks by the FDLR. Many expressed that they were troubled by the memories and some boys said that they were so hurt that they felt that they could kill.

5.2.2 Daily stressors and psychosocial problems that affect the children’s (mental) health
The first stressor all children mentioned was the lack of school fees, food, caregivers and protection. Their parents were not able to pay the monthly one-dollar school fee. Most children work before and after school, often cultivating land for others, in an attempt to earn their own school fees and a living. They were all afraid that the school would send them home; this idea made them very fearful. As a result of work activities to for their school fees, the children are often absence from school many times. Still many children are not able to earn enough money for school and for a living, despite their work, or their hunger is so dominant that they buy food with their money instead. Some children said
that they were ashamed because they were so poorly dressed in clothes that have almost fallen to pieces or they have no shoes. Because of this situation they are rejected by other children. In EP TARAJA School, all children suffer from shelter problems. Their houses (sheds) are uncomfortable and cold and, as mentioned earlier, now in the rainy season they are not protected. Some children were not able to sleep the night before the interviews because of the rain. Their sleeping places were wet. The insecurity in the region is a huge problem. The community constantly runs the risk of being attacked by the FDLR and ADF, rebel groups or bandits, especially at night.

Bandits came at night in our house with weapons. They beat my parents and tied them up. After that the bandits took all what we have in the house and killed them all: utensils, chicken, cloths, money and food, they left us with nothing and slaughtered Daddy and mum.

All children said they were afraid of loud noises and, according to the teachers, children panic if they hear a loud noise or a car coming to their school. In such cases, they even jump through the windows to find protection. Children were constantly in extreme fear that they would be attacked and the girls in one FGD expressed that they were very afraid that the FDLR or ADF-NALU combatants would take them to the bush. They know stories of girls who were taken by force.

Many children expressed that there is no peace at home due to their missing father, lack of income and/or problems with neighbours. All children feared their neighbours and they told several stories of family members who had been poisoned. Parents tell their children to never accept food from neighbours because of the risk of being poisoned. Two brothers we met in separate FGDs mentioned that their brother had died that very morning because of poisoning. Some mothers and children were accused of witchcraft and people were throwing stones at them because of this. All interviewees mentioned discrimination and exclusion by others. Some parents were in on-going disputes often because one of the parents was drinking alcohol. A few children expressed that they were very worried when their fathers beat them, their mothers and/or their siblings when their fathers were drunk.

5.2.3 Impact of their problems on the daily life of children

Most children we interviewed were very shy. According to the teachers and the members of the local leaders this is a sign of being traumatized. The vast majority of the children felt tense, insecure and they expressed excessive fear. They were dizzy and weak due to hunger; they spent days with empty stomachs. Due to the bad circumstances, the children were also often absence from school due to illness and insecurity.
My mother and I are the only persons left. Everybody is killed because we hid under the bed. I am very worried about my mother. We live on the land of a neighbour but he has told my mother that we have to move thought Dady was killed. I am all the time so afraid that I come home from school and my mother is chased away. I cannot concentrate on school and these worries take my ability to see, if I feel the fear it becomes literally dark, as if I am blind.

At school the children had concentration problems and headaches. Most of the children who were interviewed were very worried and saw no future. Half of the children expressed their wish that they had never been born. They felt worthless. One-third of the children thought of committing suicide, because they saw no other way to solve their problems. Although they all desperately try to get their school fees so they can stay in school and learn, at the same time they are not interested in school at all because they have no hope for the future.

The constant rumours of imminent attacks by the ADF/ FDLR create a constant feeling of panic and difficulty concentrating, but at the same time, the children are very alert and have aggressive outbursts. Some children are not able to learn, since no matter how much they try, they fail to remember the learned material. More than half of all children felt restless, and most had constant fear and were quick to anger. A large majority of children felt nervous. More than 75% of the children interviewed felt bad in their head and sad. All 76 children (except three) complained of having accelerated heartbeats without physical strain and the same number had sleeping problems. Some children, even those below twelve years old, drink alcohol. However, it is important to note that drinking alcohol is not considered as bad for children in these communities. Girls in very poor families feared that they would be forced to marry a man they did not love. Parents give their daughter to someone in marriage because they receive a bride price. One boy mentioned that his sister was being forced to marry at a very young age.

The children felt disrupted and stigmatized. They were stigmatized because they were poor, no longer had fathers and had to cultivate land for other people. Some children were accused of being a witch and were stigmatised and feared because of that. Many children do not play with other children at school. The children we interviewed complained about other children being rude and fighting with them. More than half of the children were not able to tell us about moments of joy. Some said that they felt joy when they got their school fees without quarrels or when they had enough food. Some mentioned that they felt joy when someone played with them.

Most children had no place where they felt safe. Although for some children, the school or church was a safe place, not all children could dress properly for church and thus did not go. Most children felt disconnected from others and
some children expressed that they felt as if they were alone on the world, as if they were abandoned.

5.2.4 Help seeking behaviour and coping skills

Many children expressed that they did not trust anyone. Their normal support system—other relatives—had broken down due to their displacement status. All children pray as a coping strategy. Only a few children told their parents or caregivers about their problems, but even if they did, the support they received did not eradicate their problems.

Most parents tell the children to pray. Some parents are absent from dawn to midnight, trying to earn money and there is no time to discuss their children’s problems. Some children were angry with their parents because they failed to take care of them. When questioned, “who loves you”, the children first mentioned God, then mother and a few mentioned their grandmother.

A few older children informed their teachers about their problems and it helped if the teacher told them to “let it go”, but worries, memories and tension did not stay away for long. The children less than twelve years old did not dare to tell anyone anything. They were too shy or afraid of being beaten; besides, they did not believe that the teacher could support them. The children do not speak with teachers about their problems at home, because family matters are not something you discuss with others. They can talk about sickness, hunger and school fees, but not about other family issues. None of the children trust their neighbours or have support outside of school or their family. Less than half of the children said that they had a friend with whom they share their problems. One child went to bed as a way to cope with his problems. Some children dropped out of school and became beggars or girls had sex for money.

5.2.5 Support at school

At KAKAVYA School, the headmaster gives education to male adolescents about many things they need to know in life: relationships, love, sex and everything they want to talk about. He has asked a mother, a former teacher, to do the same for the female adolescents. Those meetings are once every three weeks. At this school, they have also a ‘parliament’ and ‘government’, a system that gives children a voice in the school.
5.3 Parents

The parents are all quite traumatized and literally only surviving. They show the same traumatic symptoms as their children and are barely able to take care of them. They lack the skills, knowledge and means to support their children in this extremely insecure environment. Many parents are not educated, but learnt parenting from their parents. Polygamy is a significant problem because the fathers have to share their income. Sometimes a mother goes into prostitution in an attempt to get money to feed her children.

5.3.1 Daily stressors

The parents’ stories are in line with what the children said. The greatest problems are poverty and insecurity. Most parents are displaced and armed groups have taken all their property and animals and their houses are destroyed. In this new area, they have no land to grow crops and the parents who are not displaced have complained about bacteria that have destroyed their crops. Some men have left their families to find work in the mineral mines. The wives and children stayed behind without support. The parents often endure extreme violence. Many have stories of killed husbands, children or other relatives. The pastor, a PTA representative, told about assisting young girls from eight-ten years old who have been raped.

I was married when the ADF came into our house. They forced my husband to leave the house and they raped me in front of my children. When they left they took everything. I am totally in trouble; I fall down and lose consciousness. My children do not respect me anymore. If I say something to them they say to me 'go to sleep with your ADF'. My children are stigmatized because of this and some left home and have become street kids.

Another constant fear is witchcraft and poisoning. These are quite present and the parents are in constant fear that their neighbours will poison them or their children. Therefore, they do not connect with their neighbours and feel obliged to be isolated.

5.3.2 Impact on their lives

The parents talked about their constant fear. They were distressed if their children came back from school late. They did not want to talk about their fear, but their children knew about it. The parents have psychological problems and this also affects their children who cannot develop normally, not only because of their parents' problems, but also malnutrition. The parents see that their
children are traumatized, too small and have signs of retardation. It is affecting the parents who are losing control of what they are supposed to do. This situation leads to conflicts in the house, divorces, illnesses and the inability to go for medical care because of the lack of money. Some people are so desperate that they beat their children if the children ask for food, clothes or school fees, because they feel incapable of caring for their children. One woman said that if she asked her husband money, he beat her. The parents said that more and more women were leaving their husbands and going back to their own family, taking young children with them and their other children had to find their own way.

We are now living as fools. We are all young, but look at us, we look like old people. We do not feel human anymore. Our parents, paternal uncles and my sisters mother were killed, we have no hope in future only God.

Some children stay at home because their parents cannot pay their school fees. Parents complained that this situation has made them powerless. Now that they cannot fulfill their duties as parents, their children do not respect them anymore and do not listen to them. Some parents have children who have left their home and have become prostitutes or street kids or have gone to other cities like Beni and Butembo and have not come back. You as parents cannot provide for your children, they became beggars, or engaged into alcoholism or prostitution and this made the parents very sad. Some children are taken by force by the armed groups. The parents spoke about parents who were 'irresponsible' and did not take care of their children or were misbehaving, such as mothers who had become prostitutes or fathers who were drunkards.

My daughter came back home pregnant. She had to leave school and she now lives with her child at my place. As a mother, I cannot refuse her, but it is very bad for the atmosphere in the house. I have many conflicts with my daughter because she has violated the respect of the family. But there are also many quarrels between my children. The other children are angry that they have to share the food with more people.

The parents see that the situation is deeply affecting their children. They said that when parents felt helpless, it was heartbreaking for them to see their children go hungry and they all were convinced that their children could not learn without food in their belly. Most of these parents are displaced. They used to be fishermen, but they are now inland without access to water or land to grow crops. They expressed that they needed help to generate income. Some
mothers said that they would like to sell baskets and other handicrafts, but needed help to set up such businesses.

Because we are powerless and cannot provide anything for our children, they decide what is good for them to do. Some get married in an early age, some children leave home forever and as a parent you do not know where they live. Children go on stealing and when they are caught you find yourself into troubles of paying fines or of being imprisoned. Some children become street children.

5.3.3 Symptoms parents recognize among their children

The parents know that their children are in trouble because they have become very shy and fearfyl. Most children are in a bad mood at home and do not react. Many of their children complain of having headaches and are very anxious. Some become quite slim, not only because of the lack of food, but also because they cannot eat due to fear. Some sons become militants.

5.3.4 Support to the children

Parents said they try to counsel their children (which seems to be synonymous for telling the children what they should do) and show them the way to God. However, they did not know how to support their children because they felt that they had failed as parents since they could not provide for their children’s basis needs. They felt that because of this situation, their children did not want to listen to them anymore. This caused the parents to have psychological problems. Some parents thought about committing suicide because of the problems they had with their children. They did not know how to support their children; they hoped that the teachers and the church would help their children instead. The parents’ own support system is also praying and asking God for support.

5.3.5 Parenting skills

The majority of parents would like to have better parenting skills, but a large minority thinks that their parenting skills are good while the situation is exceptional. The parents who want to improve their skills want to know how to educate their children well and how to manage their children’s problems. Most parents have no knowledge about child development, because they themselves never went to school or they were not taught this subject at school. However, the parents also need financial support to pay their children’s the school fees. According to the parents in the FGDs, some parents become irresponsible and do not take care of their children anymore or become a bad example, such as the mother who becomes a prostitute or the father who becomes a drunkard.
5.3.6 Relationship with the school and teachers

The parents hoped that the teachers would educate their children and then their children’s behaviour would change. They would like the teachers to understand that they are willing, but not able to pay school fees. They accept teachers’ advice if the children show problematic behaviour, but do not accept the teachers’ involvement in family matters.

There is no connection between parents and teachers except for school fees. Parents are very satisfied with the school and the teachers. The parents understand the problems of the school fees and agree with the teachers that a monthly salary of $10 is not enough for living, but they do not know how to solve this problem.

5.3.7 Community trust

Parents used to be supported by their relatives, but due to their displacement, they are missing this type of support. The parents agreed that there is no community trust. According to some parents, the people in the community need to be educated to live in harmony with each other. If families are living in isolation, their children are isolated too. The parents thought that community meetings to discuss the problems everybody faces could be helpful. Although the parents do not go to neighbours for support, because they fear to be poisoned, they do talk with neighbours. However, this kind of sharing is not considered to be positive.

Even if you are friends you can take food together and after some time you die and then they find out that they had poisoned you. Before the war this fear of poisoning was not there, but this is the way that God shows you the bad people.

5.4 Teachers

Most teachers in the three schools are quite young and the majority are in their first year teaching. The teachers are very poorly paid, and receive only $10 a month because the parents are not able to pay school fees. Almost all teachers (except two) are displaced and are living in the same poor and fearful conditions as their pupils in class. None of the teachers have had training in the psychosocial aspects of their work.

5.4.1 Problems the teachers experience

The teachers are disturbed as well; they are in the same situation as the children since they too are displaced, hungry and facing insecurity. There are times they spend the night in the bush because of the insecurity and fall asleep in class. The teachers feel constant fear and have health problems, but are not able to pay
for treatment in a health clinic. Two teachers were attacked at night the last week we were in South Kivu and everything was taken.

Last week bandits attacked our house during the night. We were severely beaten and tied. They took everything we had. We even had no clothes the next morning to wear.

5.4.2 Traumatic experiences and symptoms
The teachers felt sad, distressed and irritated, traumatised and isolated. Six of the sixteen teachers (men and women) have experienced sexual violence. Some were accused of being a witch in their community. Half of the teachers were separated from their families due to the war and eleven have witnessed extreme violence against close family members. Almost all teachers have experienced having their house looted and twelve teachers have witnessed some being killed.

Nine teachers have experienced being seriously beaten. Ten teachers do not know their father. All teachers heard other people talking about them and all except one had the feeling that they were more ill-treated than other people. The teachers show the same problems as the children. Most of them felt dizzy and weak, are tired and without energy, and complained about body trembling due to hunger. All teachers, except for one, showed serious signs of trauma, such as nightmares and sleeping problems, concentration problems, avoidance and repeating memories, feeling irritated or angry and were often overwhelmed by emotions. They said that they were feeling sad, insecure and nervous, and feeling excessive fear or panic and bad in the head. They were overwhelmed with worries and thought that they were of no value. Most teachers have lost hope for a better future and thought often of committing suicide.

5.4.3 Problems teachers have with the children in class
The teachers noticed that the children were influenced by many problems: being displaced, being orphaned or coming from a vulnerable, single headed family. The way the children are dressed and lacking shoes reflects their economic situation. The children are dreaming and sleeping in class, are very shy and withdrawn, are fearful and frustrated and have no joy. According to the headmasters, many children fight in class. The children are surviving many problems. Both boys and girls cry easily and according to the teachers this crying is an expression of being traumatized. Some teachers wondered if those children were possessed by demons. This all affects the teachers; in particular, the children’s hunger deeply affects them. The teachers felt traumatized by the fact that they had no means or skills to do anything about the situation.
We have cases of witchcraft and poisoning. Children are accused of being a witch. Some children make a list with names and if other children see it they start crying because they think that they are bewitched.

The relationship between children is determined by the relationship their parents have with other parents. If parents have a conflict, then their children have conflicts too. Those children are stigmatising each other and it causes many problems among all the children. At school the children are isolated and do not play with each other. Some children are aggressive: they beat or insult others without reason, tear up other children's books or steal. The aggressive behaviour is directed not only to other children, but also against the teachers. One teacher was threatened in class by a child with a knife. The teacher was very afraid and had run away. The teachers did not know the concept of safe places, but they thought that the school was a safe place. Some children have friends and can have fun if they are among their friends, but outside such groups the children always look very sad, according to the teachers. There are gender differences: boys will narrate their problems if the teachers ask, but girls have the tendency to hide their problems, even if the teachers ask directly.

5.4.4 Coping skills

The teachers try to cope with the children’s problems. They give advice and educate the children about how to love each other, but they also punish children. The most popular punishment is sweeping the school, fetching water for the toilets or other school activities after classes. The teachers buy medicine for children who are ill, if possible. They try to involve the shy children in class activities, but the problem is that almost all children are very shy. They try to share their stories and to show that at school they are one family and need to help each other. Some children are able to talk if the teacher asks, and they are not very emotional. Many problems go beyond the capacity of the teachers to address. For example, one teacher has a six-year-old child in class who is wetting his chair and the teachers have no idea how to manage this kind of problem.

Some children are not able to learn at all. We repeat and repeat, but the moment we ask them something they are in emotional trouble because they do not know the answer. They forget everything and they cannot express themselves, some children cannot explain anything. Some say that their heart hurts and others fall down. We do not know how to cope with this.
5.4.5 Support system

Most teachers find support in singing and bible reading. They talk with close relatives, friends and pastors of the church. Family issues are not discussed with colleagues work and private lives are held separate.

The teachers reported no problems between the teachers or with the headmaster. Only one teacher mentioned that he would ask advice from other teachers. In no school did the teachers have meetings where they could share the difficulties they experience in class and where they could give support or advice to each other. According to some teachers, such a meeting would not be helpful because they have no other way to address their problems. Other teachers expressed feeling isolated. They have meetings but they are focussed on administrative tasks. All teachers have a diploma, but they are not recognised by the government, nor are the schools acknowledged. The SA manager needs to register the schools. If the schools are registered, the teachers can receive a salary from the state. It has not become clear why the SA does not register the schools. The teachers do not feel respected. What they not seem to know is that the SA is in the process of registration, but that process is time consuming and complicated. I would be good that the teachers are updated about this.

5.4.6 Relationships with the parents

Although the teachers see that the parents are not able to pay the school fees, they have the feeling that they are not paid well, and thus not treated well either. The teachers perceived the parents as their employers; they pay. Parents accepted the teachers' role in class and would accept teachers' interference if there were problems at school with their child. However, parents did not accept teachers interfering if there were psychosocial problems at home; the parents said, 'do not interfere, we pay you'.

According to the teachers, parents do know about good parenting from what they have learned from their parents, but because of the problems of insecurity and displacement, the parents do not even use what they inherit from their parents to support their children. Some teachers stated that many parents know nothing about good parenting. Children do not talk about the situation at home, thus the teachers have no insight into children's specific home problems. There is no connection between teachers and children because, according to the teacher, the children fear the teachers. However, the teachers see that some parents are unable to address their children's basic needs and they become irresponsible towards their children. In such cases, the children lose their parents' control and guidance.
5.4.7 Community trust
Before the war, people used to support each other or were concerned about others. But now, each family struggles alone. Poverty has increased and there is nothing one can offer to another. There is lack of trust because there are many cases of poisoning being reported in the locality. According to the teachers and members of the CEFIDI there is a strange habit of people being killed with machete, axe, knives and others.

5.4.8 Impact on their daily life
As one teacher said: 'We have to hold ourselves and keep on working', but this is difficult for the teachers. They felt sad and tense because they were overwhelmed by their problems and could not meet their own daily needs. Insecurity, poverty, lack of food, sickness and no medical care makes their work difficult. Due to their low salary, the teachers’ motivation is low and they feel worthless and have difficulties at home. They are in constant fear of being attacked during the night by bandits of armed groups. This all makes them have difficulty concentrating at school. The majority of the teachers cannot pay the school fees of their own children and do not have enough food and clothes for their family. It is remarkable that none of the teachers mentioned that the TPO is already working on increment of their salaries. Somehow this information has not reached the teachers. They are often sick and lack medical care. In the month before the interviews, seven of the sixteen teachers experienced physical punishment and the same number thinks that they are being followed by an evil spirit. The teachers also complained about their teaching skills. Some teachers have to use books they even do not understand themselves. They have no means to measure if their way of transferring knowledge is effective. Due to the payment required, they have no time and means to sustain their level of teaching.

My wife does not understand why I work the whole month for less than $10. She is very angry with me, because I do not earn enough money. I cannot feed the children and I cannot not send my own children to school, because I am not able to pay the school fees. This is a constant source of problems in my house.

Teachers’ salaries are not only too low, but they are often paid too late. One teacher had to ask his relative for soap to wash his cloths because of the delayed salary. His family members are ridiculing him because of this. None of the teachers can satisfy the personal needs in their families and they are ashamed. Teachers need other sources of income to survive. Sometimes they cultivate for other people. Students see this and humiliate the teacher about this at school. Female teachers said that they were ridiculed by the children when they wear the same dress all week.
5.4.9 Specific skills and knowledge the teachers would like to learn
None of the teachers have had training in psychosocial knowledge and skills and they felt that this was a large gap. They lack the knowledge of how to support children under twelve years, how to educate children about psychosocial care and how to become a good citizen or how to interfere in the specific problems in the child’s life development. They also do not know enough about child development. They want to know more about the impact of hunger and insecurity on child development and the diseases that are a result. They want to have more skills in mastering a class and to have a good connection between a teacher and the class.

5.5.1 Trauma
The nurses mention various local expressions people use for trauma such as Kilonda ya ndani (internal wound), Kumizwa ki mafikiri (to be harmed deeply) and Kuuzunika (to be traumatized). In the local language, trauma is Uzini. The signs of trauma are being anxious, weeping, restlessness, hypertension and delirium. For children it depends on the age, but all children who experienced traumatic events are very frightened and children above five often cry.

5.5.2 Treatment of people who suffer from traumatic experiences
The nurses have about two patients a month who they say are traumatized. The nurses try to give advice. If a patient comes with headache, they will not start with pills but first try to find out the reason. They have not had training in counselling.

A teacher who lost his house in a fire was very emotional because he had no means to rebuild the house. He was very disrupted and did not know how to solve his problems. The nurse told him not to worry because the health of his family was not touched, it was only property. The nurse called the church members and gathered them together and they all gave him something and the nurse himself gave the teacher a roof.

In the Northern of Kivu province there is no government department which is dealing with trauma or traumatised people. The nurses give medical, psychological and financial support to victims of sexual violence. However, normally they should refer the patients to the psychosocial structure in place worker. The problem the nurses face is that if the psychosocial worker is not in the clinic, the patient will not come back for another appointment due to the transport fees. They see one case of sexual violence every one-two months. Most of those cases are incest or being raped by boyfriends. Those patients fear HIV, sometimes have physical problems, are disrupted in their minds, and cry a lot. They have difficulty narrating their story. The nurses have no protocol for
what to do in rape cases. They treat the physical problems, give education and often advise unmarried girls not to tell their parents because then the problem would only become greater and they would be stigmatized. The nurses have almost no experience with displaced people because the health clinic is not in the area of displaced people. However, even if displaced people come in and have no money to pay, the nurses should give treatment. Most of the children in the clinic suffer from malnutrition. Some have mental retardation because of this. The nurses see children who are three years old, but cannot speak. Often, the parents are not skilled and cannot support their family financially. After treatment, these children frequently come back within three months, again with malnutrition.

5.5.3 Mental disorders
The nurses do not see many people with a mental disorder, except trauma and anxiety. They give counselling and, if needed, 5 mg diazepam. The nurses have no other medication for psychiatric disorders, but the parents can buy the medicines in town. The nurses do not see or recognise depression. Patients with psychoses are referred to the psychiatric hospital and patients with epilepsy have to buy their medicine in town. Children or adolescents with behavioural problems are not seen in the clinic. The nurses have cases of alcohol or drugs abuse, but have no drugs for treatment.

5.5.4 Training wishes of the nurses
The nurses want to know more about psychosocial support, general psychological knowledge, diagnosis and treatment of trauma and depression and sexual violence.

6. Discussion
The aim of this assessment was to gain insight into the mental health (traumatisation) and psychosocial needs as well as the resources and support system of students, their caregivers and teachers. Furthermore, the assessment sought to gain insight into the capacity and needs of the teachers and (health) staff to recognize and address the students’ needs and resources within the school context.

6.1 Mental health and psychosocial well-being in the context of war
The experience of traumatic events and the on-going violence and insecurity all have a tremendous impact on the mental and psychosocial well-being of the children, teachers and their families. They suffer from the impact of war and displacement, social exclusion, limited access to basic services and impaired personal functioning all of which have exacerbated their poverty and social marginalization. The physical and mental consequences of these traumatic events place great strain on entire families, schools and society. Although the overall picture is quite gloomy, there is a glimmer of hope. Despite all the
difficulties, the children continue to go to school; it is even one of the most important elements in their life. The school is not only greatly valued by the children, but also by the parents and the teachers. This makes the school a source of strength.

6.1.1. Social fabric
Communities in (post-)conflict areas have specific characteristics that affect the various linkages between individuals. The social fabric is damaged by the war and on-going violence. Families are displaced and scattered and community members mistrust each other. In South Kivu, the distrust is replete with stories of poisoning and witchcraft. These two issues have become signs of the deterioration of community trust and curtail people’s willingness to support each other or to accept support. Even in cases of extreme hunger, parents do not allow neighbours to offer food to their children, because they are afraid that their children will be poisoned. Witchcraft and other forms of stigmatization promote the local communities’ disengagement. Institutions and political and legal systems designed to protect and support the local population are malfunctioning or have disappeared.

The community is, however, an important resource for people’s economic and psychosocial support. In order to improve the economic and psychosocial well-being of the families of the children and teachers, a certain level of community trust is necessary. To address community distrust and better equip local community members, professionals and leaders to enhance their community’s resilience is a critical step in building long-term support. Functional and accessible support and services at the community level are essential to improve the people’s mental health and psychosocial well-being, address distress and improve both physical and mental health outcomes in conflict societies. Ultimately, this promotes the individual’s ability to support themselves and their families in order to realize their future potential.

6.2 Mental health and psychosocial well-being of the children
There is a complex impact of exposure to traumatic events and the on-going insecurity and violence for the schoolchildren. The children have learning and concentration problems, depression, extreme fear, social withdrawal, conduct disorders, shyness and aggression, psychosomatic complaints, hunger and lack of achievement in school. The children interviewed all showed symptoms of traumatic stress. The daily stress of having no school fees, being displaced combined with extreme poverty and hunger, living in incomplete and/or dysfunctional families and the constant fear for violent attacks by armed groups or bandits, diminish the mental and physical state of the children.
These children, who are exposed to war and on-going violence, are at risk of losing their prospect for a peaceful life and normal socialization patterns with opportunities for stable jobs, families of their own and a positive future. The unfortunate result when psychosocial recovery needs are unaddressed is lingering hopelessness, bitterness, low morale, and the tendency to resort to violent methods for resolving interpersonal conflicts which further destabilizes families, communities and societies. Greater impacts may include joining armed groups, continuing campaigns of hatred and on-going regional instability. The on-going conflict means that there is no easy sustainable basis for the mental health recovery and psychosocial well-being of children within the schools. However, at the same time, the schools are the only place for the children to have a certain level of normalcy with a clear structure and rules. This may be one of the reasons why attending school is so important for the children and this is a basis for an intervention.

6.3 Mental health and psychosocial well-being of the parents
The parents are in the same situation as their children. They suffer the same traumatic experiences, fear and daily stress. All expressed traumatic experiences of extreme violence and their problems trying to raise children in an environment of on-going violence. Some parents are no longer able to take care of their children or have fled into alcohol use and abuse their children. For many children, home is not a safe place. Other parents are so occupied with their own problems and struggling to earn money and find food to fulfill their children’s physical needs that they have no time or psychological space to address their children’s psychological needs.

6.3.1 Support systems and capacity of parents
Parents are losing their power position as parents in the family because they cannot fulfill their children’s basic needs. The parenting skills they learned from their parents are insufficient in this exceptional situation of displacement, poverty and on-going violence. Most parents expressed their wish to enhance their parenting skills, especially to support their children in such a difficult environment.

The parents lack all support. The natural support system, the family, has become dysfunctional due to displacement and distrust in the community is too high to find or accept support. The parents feel helpless and refer their children to God for support; this is the only support they can rely on. The religious leaders can play a role in helping the parents to rebuild community trust and to realise that they suffer the same problems and can find ways to support each other. It is important to note that the parents are still mentioning the impotency of human values and human dignity.
6.4 Mental health and psychosocial well-being of the teachers
The teachers are in the same situation as the children and their parents. Almost all teachers are displaced and have experienced various kinds of violence, such as rape, the murder of dear ones, torture and lost of property. They show a variety of symptoms related to stress and anxiety, but in the insane and violent context in which they live, it would be incorrect to talk of disorders. The teachers’ reactions should be considered as normal reactions to an abnormal, inhumane situation. The teachers’ symptoms are exacerbated by their lack of income, which has a negative impact on their well-being and health and makes it even more difficult for the teachers to perform. A remarkable positive aspect is that the teachers continue teaching the children despite their lack of income and try their best to teach in a good way.

6.4.1 Specific knowledge and skills to support war-affected children.
In their formal training and education, the teachers did not have specific training in recognizing, assessing and addressing children’s mental health and psychosocial needs and problems. Thus, teachers lack the knowledge and skills to support the children and they fail to offer sound psychosocial support to the schoolchildren who are affected by the suffering from war and violence. Schools, as institutions, are not prepared or ready to fulfill a psychosocial protective and supportive role for the children in need. The problem of inadequate attention to the schoolchildren’s mental health recovery needs is compounded by the traumatic exposure and unresolved recovery needs of teachers themselves. Teachers and parents who have experienced their own traumatic events often require assistance with their own recovery and well-being before they can effectively and safely assist children. However, the problem is that the teachers and parents are still living in an unsafe and violent situation, which limits the possibility of recovery. These adults may minimize or avoid addressing the children’s issues for fear that their own memories will resurface and they may be overwhelmed with emotions they cannot handle.

6.5 Health centre
The nurses in the health centre are not only focussed on the patients’ symptoms, but also try to understand the patients' symptoms in their social context. This is a very positive attitude, but the nurses lack the knowledge to identify mental disorders, and diagnose and treat them. The health centre we visited is not located in the same environment as the
schools, and therefore a combined approach is not possible. The cooperation between the nurses and the psychosocial worker of SA could, however, be improved.

6.6 Staff cares
No school gave attention to staff care to help the teachers stay sane in such an unsafe and insane place and to help them find ways to support each other. This should be an important support element at school. During our stay, it became clear that the staff and the CEFIDI staff are working in a constantly insecure environment that has significant implications for the individual workers. The constant pressure of the insecure situation and its influence on their daily practices can result in a sort of emotional withdrawal, where people are no longer able to function as a caring group for each other.

In sum, strengthening the support for teachers, parents and the staff of the health centre and the TPO might help them not only to survive the current situation, but also to enhance their knowledge and skills capacity to intervene and their level of well-being. This is essential for the adults to be able to provide a safe, stable and nurturing environment for children, and also for themselves.

7. Suggestions for interventions
7.1 Addressing the needs and improving knowledge and skills
The socio-political situation and the ongoing insecurity have limited opportunities for local partners and professionals to share their knowledge and experience and support one another in a common mission and vision of supporting war-affected children. The current efforts of non-governmental organizations (unfortunately there is no reasonable government support at the moment) to address the physical and psychosocial needs and the mental health recovery and psychosocial well-being of schoolchildren, teachers and their caregivers are not sufficient. In a situation of ongoing insecurity, it is impossible to offer a treatment to learn to live with the traumatic experiences in the past; the people are still living in a war environment. Their fear cannot be reduced as long as attacks by the FDLR and other groups are an everyday reality. The children, teachers and parents are still living in a conflict situation and the emphasis, therefore, should be on how to survive in the best possible way. The aim of this assessment is to offer recommendations to create a sound and sustainable basis for recognizing and offering active support for schoolchildren’s mental health and psychosocial recovery needs from within the schools and the wider community. However, the current situation in South Kivu, with the insecurity, extreme poverty and lack of food requires strategies on
several levels, such as income-generating activities, support for starting associations, and access to food. As illustrated in the intervention pyramid below, interventions in the second and third level (the levels of psychosocial support and mental health services) are only possible if they happen in concert with a minimum level of security and basic services.

7.1.1 Interventions on the level of basic services and security
This pyramid suggests starting with the need on the bottom line, which requires stakeholders' involvement and a joint approach with organizations specialized in livelihood and income-generating activities. Together with other organizations they work with, TPO should put on-going pressure on the government and international political community to come to a peace agreement. Although it was not within the scope of this assessment to assess the potential support resources that are available in the communities as a whole, support available through other community-based organizations, non-governmental organizations and/or faith-based organizations are of great importance. Possible interventions for support should build upon and be complementary to the already existing support mechanisms. An intervention that includes restoring of trust on one hand, and creating linkages to existing support efforts on the other hand is recommended. A proven (and already known intervention by the psychosocial workers of the TPO) to address community trust is Narrative Theatre (NT).

Furthermore, TPO can use their infrastructure and cooperate with the aforementioned organizations to increase livelihood and income-generation activities. If parents and teachers cannot improve their financial situation to support their families and themselves and if children go to school with empty
stomachs, interventions on the level of psychosocial support and mental health will not be sustained and are even out of place. Interventions, including income-generating activities, can only be successful if there is trust in the community. Therefore, the most important intervention that must be initiated is to rebuild community trust. An approach that first addresses rebuilding community trust can subsequently address the first three levels of the pyramid simultaneously in order to reach a sustainable improvement of psychosocial well-being and mental health.

TPO in DRC is eager to expand their efforts for the well-being of all school children and teachers. In this way, lessons learnt and innovations in interventions for war-affected children can be shared and disseminated. The suggested interventions provide these opportunities in structured and safe ways, and will therefore contribute to sustainable structures of support in the regional context. In this case, the anticipated effects will be positive and beneficial to children, their caregivers and the larger system that supports their health and well-being. NT is also a good tool to use on this level, because increasing well-being goes hand in hand with being connected. On another level, NT is an element of building community trust.

7.1.2 Interventions on the level of the community
Psychosocial interventions at the community level contribute to restoring the social fabric of a community and help people to rebuild their lives together with others and move beyond feelings of hopelessness. One such an approach is the NT a therapeutic group process for conflict resolution and problem solving for communities to cope with new challenges. Through NT, opportunities are created for people to meet and explore their problems together. By exchanging stories, they can discuss problems and share their experiences from various perspectives. They can also experiment with possible solutions to problems and decide how to move forward collectively. The stories they discuss and act out can change from stories of hopelessness and helplessness, to stories of strength, dignity and working for a better future.

7.1.3 Intervention on the level of the families
A short training for parents on the subject of parenting in war-affected situations can help the parents to raise and support their children by addressing the children’s psychosocial problems, age-related issues, and signs and symptoms of children with problems. To offer guidelines to those parents can also be supportive. Also NT can address issues of parenting.

Another approach is the Multi-Family Approach (MFA). Beneficiaries are families coping with exposure to violence or war and who face multiple psychosocial problems. These dramatic experiences can lead to a cascade of family
difficulties, including impaired caregiver well-being and functioning, impaired parenting capacity, domestic violence and victimization of children, and subsequent violent behaviours in the children. Few systematic interventions have been validated for families with complex trauma-related difficulties. MFA is anchored in theory and the practice of group and systemic therapies. In a group setting, five - eight families are encouraged to help one another by sharing experiences, observing and understanding similar problems in others and making suggestions for change. Being helpful to others increases the individual families’ feelings of self-worth.

The focus is to experiment with new and safer ways of relating to each other and to identify how to effectively and peacefully resolve family conflicts and related violence. Since the approach aims for the optimal autonomy of families and all their members, MFT values the flexibility, creativity and self-directedness of the families participating in the group, therefore enhancing socio-cultural relevance and sensitivity.

7.1.4 Interventions of the level of the teachers and schools
A key element of the program of training in this project specifically addresses educating, empowering and motivating teachers about how to support schoolchildren and their caregivers. The teachers need training in basic psychosocial care (basic communication skills, psycho-education, problem-solving skills, and counselling for children), training in child development, insight on the age-related problems of children and guidance for teachers to help children.

7.1.5 Interventions to address the children
Introduce NT in school as a way to help children share, talk, play and sing and as a tool to activate small elements of hope and joy. Playing, singing, dancing and laughing together are extremely important elements for inducing hope and feeling human, connected and respected. Physical play can help to reduce physical tension. Teachers need to be trained in various approaches, such as NT, and in a variety of plays and games as well as specific exercises and body work to attain this goal. The ground around the school could be cultivated and used for food at school.

7.1.7 Improve the skills of nurses in the health clinic
The nurses of the health Centre should be trained in the knowledge and skills for treating people with mental disorders and/or people who suffer from traumatic experiences. An element of this training is communication. Furthermore, cooperation between the nurses and the psychosocial worker of CEFIDI can be improved.
7.2 Suggested approach
The suggested approach for nurses' training, coaching and supervision requires an experienced person on the ground and regular support from TPO. There are several possibilities to consider. Congolese students, experienced in NT, could help the psychosocial workers set up and perform the various NT groups. Germando could supervise the NT interventions. Jonas Kambale Love More can train and supervise the teachers to cope with the symptoms of stress that the children show and she can train and supervise the nurses on the knowledge and skills required for treating patients with psychiatric symptoms.

Annex 3: Interview guides
Interview guides for children
Interview list for Children
Problems and resources listing
1. What kind of problems do you have?
2. What kind of problems do you have at home?
3. What kind of problems do you have at school?
4. What kind of problems do you have with other children?
5. How does it influence your life and your emotional state?
6. How does it influence your study?
7. Which problem is most important?
8. What have you done to try to solve it? What was the result? (Check for all the different problems)
9. Do you talk with your parents about your problems? And how do they support you (if not why not?)
10. Do you talk with your teachers about your problems? And how do they support you (if not why not?)
11. Do you have friends with whom you can share your joy and your worries?
12. To whom else do you go with your problems and how do they support you?
13. Do you have a place where you feel safe?
14. Who do you think loves you much?
15. What gives you joy?
16. Do you think of quitting school and try to get money? What would you do to get that money? Do you have brothers or sisters who did this? Mental health and psychosocial needs of the students Group

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1. Fear without reason
2. Feeling restless, cannot stay quiet
3. Quickly angry
4. Drinking alcohol
5. Feeling sad, feelings of insecurity
6. To annoy or cheating others
7. Smoking cigarettes
9 Dizzy or weak
10 Easily cry
11 Demolish or break things for other
12 Nervous or shaking inside
14 Be the first to Start fights
17 Feeling of worthlessness
15 Feel tired, listless
16 Accelerated heartbeats, without running
18 Hurt someone purposely
19 Trembling body
20 Have trouble falling asleep or waking often
21 often involved in disputes
22 Feeling tense
23 Feeling hopeless for the future
24 Not interested in anything
25 Not interested in school
26 Feeling bad in the head
26 Feeling sad
28 Do not submit to the rules (of teachers, parents)
29 Excessive fear or panic
30 Feel isolated
31 Thinking about suicide
32 Being overwhelmed with worries
33 Is too overwhelming in the spirit
34 Steal things
35 Take drugs (Mayrungi 36 wawa, Kuvuta )
36 Risk of being forced to marry (only girls)
37 Have the feeling that everything is so hard
28

Interview guide for teachers
Interview list for Teachers
• Qualification level teachers
• Number of students and ages and Problems and resources listing

1. What kind of problems do you have?
2. What kind of problems do you have at school?
3. How does it influence your life and your emotional state?
4. How does it influence your work?
5. Which problem is most important?
6. What have you done to try to solve it? What was the result? (check for all problems)
7. What kind of support do you need?
8. Do you talk with your colleagues about your problems? And how do they support you (if not why not?)
9. What is the emotional state of the children and how do you know?
10. Local indicators of distress
11. What kind of signs of psychological and social distress, including behavioural and emotional problems (e.g. aggression, social withdrawal, sleep problems) do you see among the children?
12. Do you see signs of impaired daily functioning of the children?
13. Do the children talk about their problems at school? And how do you support?
14. Do you see differences in psychosocial distress and expression between boys and girl?
15. What are the psychosocial skills of children?
16. How do you see disruption of social solidarity and support mechanisms (e.g. disruption of social support patterns, familial conflicts, violence, undermining of shared values)?
17. Are there children or parents with severe mental disorders? What do you do in such case?
18. Do you notice violence of bullying to the children at home or at school?
19. How do parents support their children?
20. Do parents know enough of parenting?
21. How is their relationship with the parents?
22. Can they interfere or mediate if there are problems in a family
23. What kind of social support can you see in the community?
24. Do children have a safe place?
25. Do they have a support system for the teachers at school?
26. Do you need knowledge or skills regarding dealing with psychosocial issues with children?
27. Are they well informed about development stages of children and how to improve their development?

Interview guide for parents
Interview list for Parents

• Context info of the parents (displaced, economical position etc) Problems and resources listing

1. What kind of problems do you have in your family?
2. How does it influence your life and your emotional state? Explain the symptoms
3. How does it influence your work?
4. Which problem is most important?
5. How does it influence your children?
6. What have you done to try to solve it? What was the result? (check for all the different problems)
7. What kind of support do you need?
8. What kind of support need your children and can you give that to them?
9. What is the emotional state of the children and how do you know?
10. Local indicators of distress
11. What kind of signs of psychological and social distress, including behavioural and emotional problems (e.g. aggression, social withdrawal, sleep problems) do you see among your children?
12. Do you see signs of impaired daily functioning of the children?
13. Do the children talk about their problems with you? And how do you react?
14. Do you get support from the community/family? Explain
15. Do you know children or parents with severe mental disorders What do you do in such case?
16. Do you notice violence of bullying to the children at home or at school?
17. How do you support their children on the emotional or psychological level?
18. Do parents know which methods of parenting are best for your child?
19. How is their relationship with your children? Do you communicate?
20. Can teacher interfere or mediate if your child suffers from problems in your family?
21. Do children have a safe place where they can play?
22. Do they have a support system?
23. Is there a possibility to improve the community trust? How?
24. Do you need knowledge or skills regarding parenting and psychosocial issues with children?
25. Are they well informed about development stages of children and how to improve their development?
26. Do they need more knowledge and/or skills? How can this provided?

Interview guide for the head masters
Interview list for Head masters
• Qualification level teachers
• Number of students in their schools
Problems and resources listing
28. What kind of problems do you at school with the children?
29. What is the emotional state of the children and how do you know?
30. Local indicators of distress, hoe do children express distress?
31. What kind of signs of psychological and social distress, including behavioural and emotional problems (e.g. aggression, social withdrawal, sleep problems) do you see among the children?
32. Do you see signs of impaired daily functioning of the children?
33. Do the children talk about their problems at school? And how do you support?
34. Do you see differences in psychosocial distress and expression between boys and girls?
35. What are the psychosocial skills of children?
36. Do children have a safe place?
37. What kind of problems do you have at school with the teachers?
38. How does the situation of the children influence the life and emotional state of the teachers?
39. Do you have regular meetings to discuss the problems teachers face and to discuss the resolution of approaches?
40. Do they have a support system for the teachers at school?
41. What kind of skills do teachers lack regarding emotional support and counseling for the children?
42. Are they well informed about development stages of children and how to improve their development?
43. How do you support the teachers?
44. How is your relationship with the parents?
45. How do parents support their children?
46. Do you notice violence or bullying to the children at home or at school?
47. Are there children or parents with severe mental disorders? What do you do in such case?
48. Do parents know enough of parenting?
49. Can you interfere or mediate if there are problems in a family?
50. What kind of social support can you see in the community?
51. How do you see disruption of social solidarity and support mechanisms (e.g. disruption of social support patterns, familial conflicts, violence, undermining of shared values)?
52. How is your contact with authorities?
53. What do you do to improve your financial situation?
54. The SA pays for some students and families. What exactly do they pay and how do you select the children/families? What is it affected on other families?
55. How do all the problems influence your personal life and your emotional state?
56. How does it influence your work?
57. Which problem is most important?
58. What have you done to try to solve it? What was the result? (Check for all the different problems)
59. Do you need knowledge or skills regarding dealing with psychosocial issues with children?
60. What kind of support/training do you need yourself and what kind of support/ training do you need for your teachers?
61. What need to be done on the level of the families and the communities?

TPO DRC south Kivu Office
Jonas Kambale