



Dynamique des Jeunes Leaders pour la Paix et le Respect des Droits Humains

DYJEPREDHU asbl

Dynamics of Young Leaders for Peace and Respect for Humans Rights

CHANGEMENT TRANSFORMATION IMPACT

Heal trauma of street children

April 2026

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PROJECT TECHNICAL PROPOSAL

I. Project Summary

1. Title of the project: Support disabled people across borders

2. Contact details :

• Name of the organization: Dynamic of Young Leaders for Peace and Respect for Human Rights, “DYJEPREDHU asbl” in acronym

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3. A **Mission Statement** should be clear, inspiring, and focused on the "why" and "how" of your work. Here are three options depending on the specific "personality" of your organization:

Option 1: Action-Oriented (Focused on the process)

"Our mission is to rescue, heal, and reintegrate street children in Eastern DRC through specialized trauma-informed care and family mediation, empowering them to reclaim their dignity and build a future free from violence."

Option 2: Outcome-Oriented (Focused on the end result)

"To transform the lives of marginalized youth in the DRC by breaking the cycle of trauma and social exclusion, ensuring every street child has the psychological support and vocational tools to become a thriving member of their community."

Option 3: Concise & Powerful (Ideal for logos or websites)

"Restoring hope and healing trauma for the street children of the DRC—one child, one family, and one community at a time."

Key Elements included in these statements:

- **The "Who":** Street children and marginalized youth.
- **The "Where":** Eastern DRC.
- **The "How":** Trauma-informed care, mediation, and empowerment.
- **The "Why":** Dignity, reintegration, and ending the cycle of street life.

Project Beneficiaries

1. Direct Beneficiaries

These are the individuals who participate directly in the project activities:

- **Street Children (Ages 6–14):** Approximately **80 children** who will receive emergency stabilization, holistic trauma therapy (KIDNET), and accelerated learning programs to return to formal schooling.
- **Older Adolescents & Youth (Ages 15–18+):** Approximately **40 young people** currently living on the street who will receive vocational training, mental health support, and professional "start-up kits" for financial autonomy.
- **Vulnerable Families:** Approximately **100 families** (parents or guardians) who will benefit from mediation services, de-stigmatization counseling, and micro-grants to facilitate the safe return of their children.

2. Indirect Beneficiaries

These are the people reached through the project's wider impact:

- **Local Communities (Goma/Bukavu):** Residents of neighborhoods where "hotspots" are located, who will benefit from a reduction in street-based petty crime and improved social cohesion.
- **Religious and Community Leaders:** At least **20 leaders** who will receive training on child protection and the psychological realities of "witchcraft" accusations, strengthening the local safety net.
- **The Local Economy:** Small businesses and workshops that will host apprentices, fostering a spirit of local mentorship and economic growth.
- **Government Services (DIVAS):** Local social affairs offices which will benefit from the project's data, methodology, and successful reintegration cases to inform future public policy.

3. Selection Criteria

To ensure the project reaches those in greatest need, beneficiaries will be selected based on:

1. **Vulnerability Level:** Children with no contact with their families and no source of income.
2. **Trauma Severity:** Priority given to survivors of war violence, sexual abuse, or witchcraft-related expulsion.
3. **Willingness to Reintegrate:** Children showing a desire to exit street life and engage in a healing process.

This budget is optimized for a 12-month pilot project in Eastern DRC, focusing on a cohort of approximately **100 to 120 children**.

Total cost of the project: US \$ **70,000**

- Bank account: Dynamique des Jeunes Leaders pour la Paix et le Respect des Droits Humains, DYJEPREDHU asbl

Trust Merchant Bank S.A. (TMB)

Goma Agency -DRC

No. 1272-28000-23526760001-87

Following code: TRMSCD3L

Project Title: "Rising Hope: Holistic Trauma Recovery for Street Children in DRC"

This project aims to provide a comprehensive psychosocial and socio-economic response to the trauma faced by street children (often referred to as "shegués") in the Democratic Republic of Congo.

1. Context & Rationale

Street children in the DRC face extreme trauma stemming from armed conflict, sexual violence, poverty, and "witchcraft" accusations. Standard humanitarian aid (food/shelter) is insufficient without deep psychological healing to break the cycle of street life and prevent re-traumatization.

2. Strategic Objectives

- **Healing:** Reduce symptoms of PTSD and depression through specialized clinical interventions.
- **Reconnection:** Restore broken family ties and community trust through mediation.
- **Empowerment:** Provide vocational tools to ensure long-term autonomy and dignity.

3. Key Pillars of Intervention

- **Specialized Clinical Support:** Implementation of **Narrative Exposure Therapy (KIDNET)** and **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** to help children process violent memories.
- **Artistic & Expressive Healing:** Utilizing **Social Circus, Drama Therapy**, and sports to rebuild self-esteem, motor skills, and social cohesion in a non-threatening environment.
- **Family Mediation & "Re-weaving":** A rigorous 6-to-12 month process of home visits and counseling to address the root causes of displacement (e.g., poverty or stigma) before physical reunification.
- **Socio-Economic Stabilization:** For older youths, providing **Accelerated Learning Programs (ALP)** and vocational training (carpentry, tailoring, or urban farming) combined with micro-grants for their families.

4. Expected Impact

- **Psychological:** A measurable decrease in trauma-related behavioral issues and substance abuse.
- **Social:** Successful and sustainable family reintegration for 70% of participants.
- **Economic:** Increased household resilience through the vocational placement of rehabilitated youth.

5. Partners & Framework

The project aligns with the standards of **UNICEF**, **War Child**, and local pioneers like **ORPER** or **Ndako Ya Biso**, ensuring a community-based approach that respects local cultural nuances while applying international psychological standards.

Would you like this summary adapted into a **logical framework** (logframe) or a **budgetary pitch** for potential donors?

8 Description

Following the project summary, here are **8 detailed descriptions** of the core components (or "work packages") of the intervention, designed for a formal project proposal:

1. Holistic Intake and Emergency Stabilization

This initial phase moves children from survival mode to safety. It includes 24/7 street outreach, immediate medical screening, nutrition, and hygiene services. By providing a "safe haven" first, we establish the baseline of trust necessary for any psychological work to begin.

2. Specialized Trauma-Focused Therapy (TF-CBT & KIDNET)

Clinical psychologists conduct individual and group sessions using **Narrative Exposure Therapy (KIDNET)**. This helps children transform fragmented, terrifying memories into a coherent life story, reducing symptoms of PTSD, flashbacks, and chronic anxiety.

3. Therapeutic Arts and Expressive Play

Recognizing that trauma is often "pre-verbal," this component uses **Drama Therapy**, music, and the **Social Circus** model. These activities allow children to externalize their pain, rebuild motor coordination, and regain a sense of joy and collective belonging without the pressure of formal talk therapy.

4. Family Mediation and Stigma Reduction

This "bridge-building" process involves intensive counseling for families who have abandoned children due to poverty or **witchcraft accusations**. Mediators work to deconstruct superstitions and address the root causes of separation, preparing a safe environment for the child's eventual return.

5. Accelerated Learning Programs (ALP)

To bridge the educational gap caused by years on the street, the project provides condensed schooling. This "catch-up" curriculum focuses on basic literacy, numeracy, and life skills, tailored to the cognitive needs of children who have experienced prolonged toxic stress.

6. Vocational Training and Economic Mentorship

For older adolescents (15+), the focus shifts to **economic dignity**. This includes apprenticeships in high-demand local trades—such as carpentry, solar panel maintenance, or tailoring—combined with basic business management training to ensure financial independence.

7. Community Awareness and Child Protection Networks

To prevent future "street-ification," the project trains local leaders, police, and neighbors in **Child Protection**. This builds a community-wide safety net that identifies at-risk children early and challenges the social exclusion of "shegués."

8. Post-Reunification Monitoring and Support

The intervention does not end at the front door. For 12 months after a child returns home, social workers conduct regular follow-ups. This includes providing **micro-grants** or "Start-up Kits" to the family to ensure that economic hardship doesn't force the child back to the street.

What is the problem?

The Problem: The "Shegué" Crisis and the Cycle of Untreated Trauma

The Democratic Republic of Congo (DRC) faces a critical humanitarian challenge with an estimated **300,000 to 500,000 street children** (commonly known as *shegués*), particularly in urban centers like Kinshasa, Goma, and Lubumbashi. The core of the problem lies in the **total collapse of the child's protective environment**, driven by three interlocking factors:

1. Deep-Seated Psychological Trauma

Street children are survivors of extreme adversity, including armed conflict, domestic physical/sexual abuse, and forced displacement. These experiences lead to complex **Post-Traumatic Stress Disorder (PTSD)**, chronic anxiety, and depression. Without professional intervention, these children often turn to **substance abuse** (such as glue sniffing or "bombé") to numb their mental pain, further entrenching them in street life.

2. Social Exclusion and "Witchcraft" Accusations

A unique and devastating driver in the DRC is the phenomenon of "**child witches**" (**enfants sorciers**). Thousands of children are scapegoated for family misfortunes—such as illness, job loss, or death—and are violently cast out of their homes. This creates a profound **identity crisis** and a sense of "social death," making traditional family reunification extremely difficult without intensive mediation.

3. Socio-Economic Fragility

Extreme poverty means that many families cannot afford to feed or educate their children. The street becomes a "survival strategy." Once on the street, children lose access to **formal education and vocational training**, leaving them with no viable path to adulthood other than petty crime, begging, or exploitation by armed groups and criminal gangs.

4. Systemic Gaps in Care

Existing interventions often focus on **short-term relief** (providing a meal or a night's sleep) but fail to address the **underlying psychological scars**. There is a severe shortage of specialized mental health professionals trained in pediatric trauma, meaning the "root cause" of the child's flight to the street remains unaddressed, leading to high rates of "recidivism" (returning to the street after being "rescued").

Summary: The problem is not just a lack of housing; it is a **rupture of the human spirit** caused by violence and social stigma, which traps children in a dangerous cycle of survival that they cannot escape alone.

What is the problem?

In the context of Eastern DRC (North Kivu, South Kivu, and Ituri), the problem is significantly more acute due to the **protracted humanitarian crisis**.

Here is the **Problem Statement** specifically for Eastern DRC in English:

The Problem: A Cycle of Conflict-Driven Trauma in Eastern DRC

The situation for street children in Eastern DRC is distinct from other regions because it is inextricably linked to **active armed conflict** and **mass displacement**. The core problem is a "triple burden" of trauma:

1. Forced Displacement and Family Separation

Decades of fighting between armed groups (such as M23, ADF, or local militias) have forced millions to flee. In the chaos of displacement, thousands of children are separated from their parents. These "unaccompanied minors" often end up in urban centers like **Goma, Bukavu, or Beni**, where they have no choice but to live on the streets to survive.

2. Conflict-Related Trauma and Recruitment Risks

Children in the East have often witnessed extreme atrocities, including the killing of parents, the burning of villages, and widespread sexual violence.

- **The "Invisible Scar":** Many suffer from severe, untreated PTSD.
- **Recruitment:** Street children in these zones are highly vulnerable to **forced recruitment** by armed groups who use them as child soldiers, porters, or scouts, further deepening their trauma and social alienation.

3. Accusations of "Witchcraft" and Social Stigma

As in the rest of the DRC, "witchcraft" accusations are a major cause of street-living. However, in the East, the extreme stress of war and poverty often leads families to scapegoat children for their misfortunes. Once a child is labeled a "sorcier," they face **violent rejection**, making it nearly impossible for them to return to their communities without specialized mediation.

4. The Collapse of Basic Services

In Eastern DRC, the state's ability to provide protection, education, or mental health services is severely limited by the security situation.

- **Education Gap:** Most street children have been out of school for years.
- **Health Risks:** They live in overcrowded, unsanitary conditions, facing high risks of cholera, malnutrition, and physical abuse from both civilians and security forces.

5. Lack of Specialized Mental Health Care

While many NGOs provide food and basic shelter, there is a critical **scarcity of specialized psychological support** (trauma-informed care). Without healing the "internal wounds" of war, these children remain trapped in a state of hyper-vigilance and survival, preventing any successful long-term reintegration.

In Summary: The problem in Eastern DRC is a **catastrophic breakdown of child protection** caused by war, which transforms vulnerable children into "street children" who are then stigmatized, traumatized, and left without a path to a safe future.

How will this project solve the problem?

To address the specific challenges of Eastern DRC, the project implements a **Trauma-Informed Integrated Recovery Model**. Instead of just providing temporary relief, it treats the "root causes" of displacement psychological trauma, social stigma, and economic collapse.

Here is how the project will solve the problem in English:

1. Healing the "Invisible Wounds" (Clinical Solution)

The project will deploy **Mobile Mental Health Units** and fixed centers providing **Narrative Exposure Therapy (KIDNET)**. By helping children process memories of war, massacre, or abuse, we reduce PTSD symptoms (flashbacks, aggression, nightmares). This stabilizes their mental state, making them "ready" for school or family life again.

2. Breaking the Stigma of "Witchcraft" (Social Solution)

Through **Community Mediation and Re-weaving**, our social workers act as bridge-builders. We don't just hand a child back to a family; we conduct months of "de-stigmatization" sessions. By educating families and religious leaders on the psychological nature of a child's behavior, we eliminate the "witch" label and ensure a safe, permanent return.

3. Protection Against Armed Recruitment (Security Solution)

By providing **Safe Havens (Transit Centers)** and immediate registration, we pull children off the streets where they are targets for militias. We provide a protective "social shield" through sports and

peer-support groups, giving them a sense of belonging to a peaceful community rather than a criminal or armed group.

4. Restoring Future Prospects (Economic Solution)

To solve the "poverty trap," the project offers **Accelerated Learning Programs (ALP)** for younger children and **Vocational Apprenticeships** (e.g., solar energy, mechanics, or sustainable farming) for older youth. By giving them a marketable skill, we replace the "survival instinct" of the street with the "professional dignity" of a worker.

5. Strengthening Family Resilience (Systemic Solution)

We solve the risk of "re-abandonment" by providing **Family Income Support**. Families of reintegrated children receive micro-grants or "Business Start-up Kits." This ensures the child is seen as a "hope for the future" rather than an "extra mouth to feed."

6. Data-Driven Protection (Structural Solution)

We will establish a **Digital Tracking and Follow-up System** to monitor each child for 12 to 24 months post-reintegration. This allows for early intervention if a family conflict arises, preventing the child from sliding back into street life.

In Summary: The project solves the problem by **shifting the child's identity** from a "victim of war" or a "street outcast" to a "healed, skilled, and protected member of society."

Would you like to see this organized into a **Theory of Change** diagram or a **Logframe** (Logical Framework)?

Potential Long-Term Impact

The potential long-term impact of this project in Eastern DRC extends beyond individual healing to **community stabilization** and **systemic change**. Here is the breakdown in English:

1. Breaking the Intergenerational Cycle of Violence

By treating the complex PTSD of street children today, the project prevents them from becoming the traumatized adults, abusive parents, or militia recruits of tomorrow. Healing a child's trauma effectively stops the transmission of violence to the next generation, fostering a more **peaceful and resilient social fabric**.

2. Economic Self-Sufficiency and Local Development

The transition from "street survival" to "vocational mastery" creates a new class of skilled young professionals.

- **Impact:** Instead of being a perceived "burden" or "threat" to Goma or Bukavu, these youths become taxpayers, entrepreneurs, and contributors to the local economy in sectors like green energy, construction, and agriculture.

3. Structural Shift in Cultural Perceptions (De-stigmatization)

By successfully reintegrating "child witches" and "shegués" through mediation, the project fundamentally changes how the community views vulnerable children.

- **Impact:** It weakens the grip of harmful superstitions (witchcraft accusations) and replaces them with a **culture of child protection** and psychological understanding, making the entire community a safer environment for all children.

4. Strengthening National Child Protection Systems

The project serves as a **scalable model** for the Congolese government (DIVAS - Division des Affaires Sociales) and local NGOs.

- **Impact:** By documenting successful "Trauma-Informed" protocols, the project provides a blueprint for national policy, shifting the state's approach from simple "eviction" of street children to "holistic rehabilitation."

5. Enhanced Regional Security

In a region plagued by active armed groups, every child successfully reintegrated and schooled is one less potential recruit for a militia.

- **Impact:** This contributes directly to **regional stability** and the "Demobilization, Disarmament, Community Recovery and Stabilization" (P-DDRCS) goals, reducing the manpower available to illegal armed groups.

6. Restoration of Human Dignity and Citizenship

The most profound impact is the restoration of the child's sense of "self."

- **Impact:** Children who once felt "invisible" or "dead to society" reclaim their identity, their rights, and their voices. They become active citizens capable of advocating for their own rights and participating in the democratic life of the DRC.

Summary Metric: The long-term success is measured not by how many children are "taken off the street," but by how many **stay off the street** and become **stable, productive, and protective parents** ten years later.

1. Project Summary

Title: *Healing the Invisible Scars: Holistic Reintegration for Street Children in Eastern DRC.*

This project addresses the critical humanitarian crisis of street children (commonly known as *shegués*) in the conflict-affected regions of Eastern DRC. Moving beyond emergency relief, the initiative implements a **trauma-informed model** that prioritizes mental health as the foundation for recovery. By combining clinical psychological support (addressing war trauma and "witchcraft" accusations) with intensive family mediation and socio-economic empowerment, the project aims to break the cycle of street life. The ultimate goal is to transform vulnerable youth into resilient citizens, thereby reducing their susceptibility to exploitation, crime, and recruitment by armed groups.

I. Project Context and Rationale

1. Project Context: The "Shegué" Crisis in Eastern DRC

The Democratic Republic of Congo (DRC) is facing a systemic child protection crisis. In the eastern provinces (North Kivu, South Kivu, and Ituri), decades of persistent armed conflict and mass displacement have shattered traditional family structures.

Thousands of children, commonly known as "**shegués**," live in urban centers like Goma or Bukavu. Unlike "children on the street" (who work but return home), these are "**children of the street**"—they have no home, no protection, and no legal identity. They survive through petty crime, begging, and are highly vulnerable to exploitation by criminal gangs or recruitment by **armed groups**.

2. Rationale: Why This Project is Urgent

The justification for this intervention is based on three critical gaps in the current humanitarian response:

- **The Trauma Gap:** Most existing aid focuses on "stomach and shelter" (food and beds). However, these children suffer from **Complex Post-Traumatic Stress Disorder (C-PTSD)** caused by witnessing massacres, experiencing sexual violence, or being abandoned. Without deep psychological healing, they remain in a "survival mode" that prevents long-term social reintegration.
- **The "Witchcraft" Stigma (Social Rejection):** A significant number of children are cast out after being accused of "**child witchcraft**" (**enfants sorciers**). This is a unique cultural trauma in the DRC. Traditional reunification fails because the family remains afraid of the child. Our project provides the intensive **mediation** needed to break this superstition.
- **The Security Risk:** In the volatile context of Eastern DRC, street children are a "reserve" for rebel militias. Every day a child spends on the street is a day they risk being re-traumatized as a **child soldier**. Reclaiming these children is a direct contribution to regional **peace and stabilization**.

3. Problem Statement Summary

The problem is not just poverty; it is the **social and psychological death** of a generation. The current system is a "revolving door" where children are rescued, fed, and then return to the streets because their internal trauma and external stigma were never addressed.

4. Strategic Alignment

This project aligns with the **UN Sustainable Development Goals (SDGs)**:

- **SDG 3 (Good Health & Well-being):** Specifically focusing on mental health and trauma recovery.
- **SDG 4 (Quality Education):** Providing "Catch-up" schooling for out-of-school youth.
- **SDG 16 (Peace, Justice, and Strong Institutions):** Protecting children from violence and exploitation in conflict zones.

Key Takeaway for Donors:

*"We are shifting the paradigm from **charity** (emergency relief) to **transformation** (holistic healing). By addressing the psychological roots of the street child phenomenon, we ensure that reintegration is not just a temporary fix, but a permanent life change."*

II. General Objective

To facilitate the **sustainable psychological and social reintegration** of street children in Eastern DRC by healing deep-seated trauma, restoring family bonds, and providing viable economic alternatives to street life.

1. Specific Objectives (SO)

- **SO 1: Clinical Trauma Recovery**
To provide specialized mental health services, including **Narrative Exposure Therapy (KIDNET)**, to reduce symptoms of PTSD and substance abuse among 500 children within 24 months.
- **SO 2: Social Reconnection & De-stigmatization**
To conduct intensive **family mediation** and community awareness campaigns to deconstruct the stigma of "child witchcraft" and facilitate safe, permanent family reunifications.
- **SO 3: Educational & Vocational Empowerment**
To restore future prospects by enrolling younger children in **Accelerated Learning Programs (ALP)** and providing older adolescents with vocational training and "start-up kits" for financial autonomy.
- **SO 4: Sustainable Protection Networks**
To establish community-based **monitoring systems** and provide family micro-grants to

ensure that reintegrated children remain in a stable, protective environment post-intervention.

4. Expected Long-Term Impact

- **Psychological Resilience:** Significant reduction in chronic trauma symptoms and behavioral disorders.
- **Social Stability:** Re-established family units and reduced community stigma toward marginalized youth.
- **Security & Peace:** Lower rates of youth recruitment into armed militias and a decrease in urban petty crime.

Detailed Activity Calendar is structured for a 12-month project cycle. It is designed to move from immediate rescue to long-term community reintegration.

Detailed Implementation Schedule (Year 1)

Phases	Key Activities	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Phase 1: Setup	Staff recruitment & specialized trauma training	X	X										
	Community mapping & street outreach (identification)		X	X									
	Setup of Transit & Healing Centers (safe havens)	X	X	X									
Phase 2: Healing	Individual clinical diagnosis & PTSD screening			X	X								
	Intensive Trauma Therapy (KIDNET & TF-CBT)				X	X	X	X					
	Art & Drama Therapy sessions (group healing)				X	X	X	X	X	X			
Phase 3: Mediation	Family tracing & initial home assessments				X	X	X						

	Mediation sessions (witchcraft stigma reduction)					X	X	X	X	X			
	Community awareness workshops (leaders/pastors)						X	X	X				
Phase 4: Skills	Accelerated Learning Programs (literacy/numeracy)						X	X	X	X	X	X	X
	Vocational training apprenticeships (for adolescents)							X	X	X	X	X	X
Phase 5: Exit	Physical reunification & "re- weaving" ceremony										X	X	
	Distribution of family micro- grants (AGR kits)										X	X	X
	Post-reintegration monitoring & home visits											X	X

Activity Descriptions (English for Proposal)

- 1. Outreach & Screening:** Social workers conduct night and day shifts in "hotspots" (Goma/Bukavu) to build trust and identify children for the program.
- 2. Trauma-Informed Care:** Psychologists implement **Narrative Exposure Therapy**, helping children process war-related memories and domestic violence.

3. **The "Stigma-Break" Mediation:** Mediators work specifically on the **witchcraft narrative**, using psychological education to explain behavioral issues to parents and religious leaders.
4. **Vocational Kits:** Upon graduation, adolescents receive "Startup Kits" (sewing machines, carpentry tools, etc.) to immediately begin earning an income.
5. **Monitoring & Evaluation (M&E):** Monthly tracking of school attendance and family stability to ensure no child returns to the street.

Project Budget: Rising Hope (12 Months)

Budget Category & Items	Quantity/Unit	Monthly/Unit Cost	Total Cost
1. Personnel & Staffing			\$26,400
Project Coordinator (1)	12 months	\$600	\$7,200
Clinical Psychologists (2)	12 months	\$450	\$10,800
Social Workers/Mediators (3)	12 months	\$250	\$8,400
2. Emergency Stabilization & Healthcare			\$12,000
Food & Nutrition (Transit Center)	12 months	\$600	\$7,200
Medical Screening & First Aid Kits	120 units	\$25	\$3,000
Clothing, Hygiene & Bedding Kits	120 units	\$15	\$1,800
3. Psychological & Artistic Healing			\$8,600
Therapy Supplies (Art/Drama materials)	Lump Sum	\$2,000	\$2,000
Trauma Training (KIDNET/TF-CBT) for staff	1 session	\$2,500	\$2,500

Sports & Recreational Equipment	Lump Sum	\$1,500	\$1,500
Community Stigma Awareness Workshops	4 sessions	\$650	\$2,600
4. Education & Vocational Training			\$13,500
Accelerated Learning School Fees/Supplies	60 children	\$75	\$4,500
Vocational Training Tuition (Carpentry/Tailoring)	40 youth	\$150	\$6,000
Vocational "Start-up Kits" (Tools/Sewing machines)	20 kits	\$150	\$3,000
5. Reintegration & Family Support			\$7,000
Family Micro-grants (Income Generating Activities)	40 families	\$150	\$6,000
Monitoring & Follow-up Travel (Motorbike/Fuel)	12 months	\$83	\$1,000
6. Administration & Operations			\$2,500
Office Rent & Utilities	12 months	\$150	\$1,800
Communication & Reporting	12 months	\$58	\$700
TOTAL BUDGET			\$70,000

Budget Narrative (Justification)

1. **Personnel (38%):** Focuses on high-quality clinical care. We prioritize psychologists and social workers because healing trauma is the core "product" of this project.
2. **Healing & Education (31%):** Covers the direct cost of transforming a child's mindset and providing them with a future career.

3. **Family Support (10%):** Essential for "re-weaving" the social fabric. We provide micro-grants so that families don't reject children due to hunger or poverty.
4. **Low Overhead (4%):** We keep administrative costs minimal to ensure maximum funding reaches the children on the street.

Done in Goma, April 11, 2026

For DYJEPREDHU asbl


Christian AHADI BEN MASONGA
EXECUTIF DIRECTOR, HUMAN RIGHTS ACTIVISTI

