

BRIEF REPORT OF THE PROGRAMME

“STOP SUICIDE IN DRC AND IN THE GREAT LAKES REGION”



Photo taken during a session of suicide prevention awareness at Shasha (40kms from Goma in Masisi territory). Photo, Blessed Aid, December 10, 2019

Introduction

Some months or years before, we had noticed that apart from people who die of different diseases such as malaria, diarrhea, Ebola, HIV/AIDS, Cancer, heart attacks, etc ... or different conflicts violence such as wars, land conflicts, sexual gender-based violence or gender-based violence in Democratic Republic of Congo and in the rest of the Great Lakes countries, there is also a large number of other people who daily die of suicide in our communities and whose organizations, governments, or any people don't care about. This is why we have decided in Blessed Aid to set up a programme which we have entitled “**Stop suicide in DRC and in the Great Lakes region**”. This programme tends on :

- Community awareness on mental health and suicide prevention;
- Providing holistic support to people showing signs which can lead to suicide as well as to the suicide loss survivors;
- Capacity building on mental health and suicide prevention of all the key-actors who will be involved on the implementation of this programme;
- Advocacy and reinforcement of mental health and suicide prevention policy.

Blessed Aid is a non-profit organization headquartered in Goma, DRC
73, Av. Masisi, Q/Katindo Gauche, C/Goma

Telephone: +243 (0) 81 14 53 466 / +243 (0) 997 76 99 83

www.blessedaid.org Courriel : blessedaidnet@gmail.com

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Thus, to make practical our overall objective which is to contribute to reduce the rate of deaths due to suicide in communities in the Democratic Republic of Congo in particular and in the Great Lakes countries in general, we have for the last six months realized some field activities which we present in the phrases as follows:

1. Identification of the focal points

The programme “**Stop suicide in DRC and in the Great Lakes region**” is a large component which needs to call of united actions of different people in the range of the work. This is why we have called some people to help us fulfill our mission statement in Goma and in other cities in the area. In this way, we have first identified 10 people in Goma, 1 person in Kigali/Rwanda, 3 people in Bukavu/South Kivu, 1 person in Sake (28kms from Goma in Masisi territory) and 1 person in Shasha (at least 40kms from Goma, in Masisi territory, North Kivu province).

2. Mental health and suicide prevention awareness

In order to help a large number of people be aware of mental health and how to be prevented from suicide deaths, we have organized some public activities during which the participants were educated about this problem and have at a certain level contributed to **SAVE LIVES** when talking to them.

2.1. Suicide prevention awareness activity at Jéricho High School

On November 7, 2019, we organized an activity with more than 300 students at Jéricho high school here in Goma.



Picture taken during a session of suicide prevention awareness at Jéricho secondary school. Goma, Saturday, November 7, 2019

During this activity, all the students both boys and girls even the school authorities were edified with the message about mental health and suicide prevention.



Photos of the Jéricho high school in Goma, listening to the message about suicide prevention. Photos, Blessed Aid, November 7, 2019

The participants to this activity had accepted to go and transmit the same message to all their family members and had also revealed that there are many people in their communities who have the suicide behaviour (are planning and attempting for suicide).

This key-information had troubled our hearts and called us to immediately react by multiplying the actions of spreading the message about mental health and suicide prevention. We have to mention that the cases of people attempting to suicide or those presenting signs which can lead to suicide are very high in the communities in DRC as well as in the other Great Lakes countries such as Rwanda, Burundi even in the eastern african countries like Uganda, Kenya and Tanzania.

2.2. Mental health and suicide prevention activity at Shasha, Masisi territory

On Tuesday, December 10, 2019, we went to a village called Shasha, at around 40kms from Goma in Masisi territory in order to meet with different people and talk to them about suicide prevention. It has been noticed that in this village and other villages around, many people are attempting to suicide due to various causes. This is why we had to leave Goma and come there to help the local inhabitants be aware of suicide prevention problem.



Photo taken during a session of suicide prevention awareness at Shasha (40kms from Goma in Masisi territory). Photo, Blessed Aid, December 10, 2019

This activity was of a big help for the local communities because most of them found a solution to most of the questions they were troubled in. In this area, particularly women have been facing many issues in their households which are the source of them to prefer to deliberately killing themselves.

This was only one of the steps towards the search of solution to their problems, however, our activity healed a certain number of broken hearts between the participants.

More than 175 people (men, women and children) were gathered in one of the churches at Shasha and actively listened to our message. All of them were interested in being informed and sensitized about the different scenarios surrounded a person before he takes the decision of killing himself.



Pictures showing how people are deeply interested in the education about suicide prevention. Shasha/Masisi, December 10, 2019

3. Psychosocial support to people affected by suicide

One of the major goals of the programme “**Stop suicide in DRC and in the Great Lakes region**” as set up by Blessed Aid is to provide a holistic support to people affected by suicide in Democratic Republic of Congo as well as in the other Great Lakes countries. The holistic support components include, for example, the psychosocial support, medical support,

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mental health and suicide prevention awareness (sensitization) of a large number of people in the communities, the legal and judicial support, etc to all the people affected by suicide and among the beneficiaries of this support are the victims of sexual gender-based violence and gender-based violence who are at high percentages people who are always attempting to suicide in the region.

Because we are not able at the time being to embrace all the holistic support components, we have focused our attention in the last six last months at two components which are mental health and suicide prevention awareness (sensitization) and psychosocial supports.

In this way, we have been providing psychosocial support to a certain number of people affected by suicide. Among these people are those who have lost their relatives by suicide (suicide loss survivors) and those presenting signs which can lead them to suicide (Talk Saves Lives).

3.1. Psychosocial support to people attempting to suicide (those presenting signs which can lead to suicide)

From June up to December 2019, our organization team has provided psychosocial support to 17 people who were showing signs and which could lead them to suicide. This support was of a big help because those people who were at a high risk to end their lives by suicide found a transformation of their minds. Please note that we cannot stop there but we have to continue do a follow-up regardless some life circumstances because the first think was to identify the causes through which they want to put an end to their lives by suicide, but we must also be assured that they have totally abandoned this bad idea. It is also good to inform here that many of these people attempted two or three times to kill themselves but were immediately helped by their neighbours.

N°	Names & Post-names	Sex	Age	Profession	Address	Causes	Signs	Comments
01	Moise Elisha	M	21 years-old	-	Mabanga Goma	Disappointment of not studying	- Weight loss - Lack of appetite - Wickedness - Sadness	Mess at home
02	Koka Kangi Marie	F	60 years-old	-	Mabanga Goma		- Exaggerated alcoholism - Depression - Poor health	She talks anything
03	Olivier Musinda	M	24 years-old	-	Mabanga Goma	Disappointment of being abandoned	- Sadness - Poor health - Daily complaints	
04	Faida Kanyoli Mutoka	F	64 years-old	Cultivator	Shasha/Masisi	Despised by her children	- Isolation - Lack of appetite - No longer goes to field	3 times suicide attempts, last time end Dec 2019
05	Louise Nkuba	F	37 years-	Businesswoman	Ndosho Goma	\$500 debt problem	- Lack of physical care	

			old				- Insomnia	
06	Balume Mutoo	M	20 years-old	University student	Katoy Goma	- Lack of school fees	- Urinating at bed - Isolation	
07	Musa Ndoole	M	30 years-old	Builder	Katoy Goma	- Imputation of pregnancy	- Insomnia - Fear of being arrested	
08	Lebon Kasereka	M	25 years-old	University student	Katoy Goma	- Imputation of pregnancy	- Nightmare - Loss of consciousness	0823876932
09	Sikujuwa Maombi Tumaini	F	26 years-old	Cultivator	Shasha/Masisi	- Abandoned by her husband	- Isolation - Insomnia - Cries every day	C/o Paul 0993811918
10	Sara Masudi	F	36 years-old	Businesswoman	Shasha/Masisi	- Problem with her husband	- Insomnia - No longer goes to church nor to field	C/o Paul 0993811918
11	Anna Masaburo	F	58 years-old	Cultivator	Shasha/Masisi	- Her husband got married to a young girl	- Insomnia - Isolation	C/o Paul 0993811918
12	Dieudonné Salumu	M	26 years-old	Cultivator	Shasha/Masisi	- His wife sleeps with other women	- Shame - Despair	C/o Paul 0993811918

							- Takes drugs	
13	Bonané Julieni	F	40 years-old	Cultivator	Shasha/Masisi	- Problem with her husband	- Isolation - Alcoholism - No longer cooks for her children	C/o Paul 0993811918
14	Julienne Muzuri	F	32 years-old	Cultivator	Shasha/Masisi	- Problem with her husband	- No longer sings nor goes to church - No longer eats	2 suicide attempts, last time on 3 Jan 2020
15	Kavesto Yalala Walemba	M	50 years-old	A repairman	Shasha/Masisi	Social problems	- No longer washer his body - Exaggerated alcoholism	3 suicide attempts
16	Balume Miteto	M	51 years-old	Cultivator	Shasha/Masisi	Problem with his wife	- Isolation - Doesn't talk to anyone anymore	Tried once to cut his throat with a knife
17	Ishara Bahati	M	30 years-old	Cultivator	Shasha/Masisi	Social problems	- Exaggerated alcoholism - Rarely washes his body	3 suicide attempts

3.1. Psychosocial support to suicide loss survivors

For the last six months, we have been providing psychosocial support to 5 suicide loss families (survivors). The list of them is as follows

N°	Name and Post-name of the family responsible	Sex	Age	Profession	Address	Relationship with the deceased person	Current physical and mental situation	Comments
01	Gylain Kaswali	M	60 years-old	No work	Murara Office 2 Goma	Father of the deceased person	- Poor health - Disappointment - Visible sadness	He takes much alcohol and he's been having trauma
02	Ndianabo Shabapfuku	M	56 years-old	Cultivator	Kituva/Masisi	Father of the deceased person	- Lack of appetite - Despair	09973762803
03	Kitsa Kinyabuuma	M	40 years-old	Policeman	Shasha/Kiluku	Young-brother of the deceased person	- Insomnia - Nightmare	09972596559
04	Vumilia Mudekereza Judith	F	37 years-old	Bananas seller	Katoy, Bufonge Av. Goma	Spouse of the deceased person	- Shame - Fear - Trauma	0974421377
05	Mwambiwa Mizinzi	F	45 years-old	Ember	Kyeshero,	Spouse of the	- Insomnia	



	Odette			seller	Kashakero Av. Goma	deceased person	- Shame	
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It is good to mention that the number of suicide loss survivors is very large here in DRC. If we go deep with the research (investigation) we will find many people who have died by suicide and whose family members have been affected by those suicide deaths with a high risk of them to also lose other members.

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4. Contact with some local authorities

Many people affected with the suicide problems are in the communities where there are local authorities. This is why we have found it necessary to be in contact and then work in collaboration with these people who are at the first hand informed about what is daily happening in their administrative areas especially the suicide cases.

To make this practical, in October 2019, we wrote letters of collaboration and submitted them to chiefs of the quarters in Goma and have accompanied these with physical contacts. The Quarters in Goma which have already received our letters are the following:

1. Lac-Vert Quarter
2. Mugunga Quarter
3. Kyeshero Quarter
4. Ndosho Quarter
5. Kasika Quarter
6. Katoy Quarter
7. Virunga Quarter
8. Majengo Quarter
9. Katindo Quarter
10. Mabanga North
11. Mabanga South

On October 24, 2019, for example, Blessed Aid organized a meeting at Kyeshero Quarter Office where were gathered more than 35 people among them the Chief of Kyeshero Quarter, the Deputy Chief of the Quarter, 26 chiefs of avenues and more other participants. The purpose of this meeting was to talk about suicide prevention and request for working in collaboration as far as they live with the communities and are the first to get news about suicide death, suicide attempt, etc.

Many other chiefs of the quarter who we physically met were interested in working in collaboration with us and have revealed that the rate of people who have died by suicide or those with suicide attempts (those presenting signs which can lead to suicide) is very high in their administrative entities.



5. Work Challenges

After this period of time, we have tried to make practical some lines of the work plan “**Stop suicide in DRC and in the Great Lakes region**” and hope to continue with the same look. However, we have to raise some challenges we have been facing in the accomplishment of our work:

5.1. The lack of financial support

The major challenge in the good ongoing of our work is the lack of financial support. The work plan has got many activities to be realized and cannot be possible when there's lack of some important resources like finances. This is why we are calling to any person, organization, foundation, government, etc ... to help Blessed Aid by providing any type of resources such material, finances, etc.

5.2. Problem regarding the local culture

As far as the DRC culture is concerned regarding suicide, many people remain ashamed talking about suicide. This is why some community members are reluctant to speak about suicide because they do consider it like a “Taboo” subject. Even the suicide loss survivors are reluctant to cooperate with our team. Owing to this situation, we have to increase our efforts in order to fight against this bad apprehension of suicide.

Recommendations

Suicide prevention is a large range which needs the contribution of a large range of actors. Specifically for Democratic Republic of Congo and in the Great Lakes region, the rate of people who have been dying by suicide is very high as well as people with daily suicide attempt are at a high rate. This is why we recommend the **American Foundation for Suicide Prevention** to put Blessed Aid in its operational plans because the work here requires support.

Goma, 13 January 2020

Josselin Bandu Mikindo

President, Blessed Aid



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