

**HealthNet TPO**

ENABLING PEOPLE TO HELP THEMSELVES



# On the Path to Recovery

HealthNet TPO Programmes in Burundi



## HealthNet TPO Burundi

Since its independence in 1962, Burundi has experienced cyclical inter-ethnic violence: the bloodiest periods were in 1972 and 1993. The recent civil war caused existing 'healing structures' to be uprooted and damaged the capacity of the health system to function effectively. In recent years, there has been an increase in psychosocial and mental health problems within families and communities.

HealthNet TPO has been operational in Burundi since 2000. Initially, the programme was run by the Transcultural Psychosocial Organization (TPO), a Dutch non-governmental organization. Its mission was to provide psychosocial and mental health services to individuals of all ages suffering from post-traumatic disorders caused by emotional and psychological problems, socio-economic problems, displacement, and refugee conditions.

In 2005, HealthNet TPO Burundi was born from the merger of TPO and HealthNet International in the Netherlands. Today, it operates in 11 of the country's 17 provinces. Working in the field of mental and public health, its focus is on the rehabilitation of vulnerable groups such as orphans, child soldiers and refugees.

THE CIVIL WAR CAUSED EXISTING 'HEALING STRUCTURES' TO BE UPROOTED AND DAMAGED THE CAPACITY OF THE HEALTH SYSTEM TO FUNCTION EFFECTIVELY



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HealthNet TPO is a knowledge-driven, non-profit organization that works in areas disrupted by war, disasters and poverty. Working together with local populations, we channel emergency aid into sustainable healthcare development. We train and encourage local populations to carry out initiatives that combat disease, provide psychosocial care, restore infrastructure, and strengthen organizational systems. HealthNet TPO offers innovative and unconventional solutions that foster self-reliance and promote sustainable healthcare that is accessible to all.

# Seven healthcare programmes in eleven provinces

## 1. Psychosocial and mental health programme

**Start date:** November 2000  
**Donors:** Dutch Government, ICCO, USAID, UNICEF, CARE, PSO  
**Locations:** Bujumbura City, Bubanza, Cibitoke, Bujumbura Rural, Muyinga, Kirundo, Gitega, Karusi, Bururi, Rutana and Makamba.

This is the main programme of HealthNet TPO Burundi. It provides psychosocial and psychiatric assistance to victims of war and the most vulnerable in society: those without adequate family support, the landless, returning refugees, (formerly) internally-displaced persons, victims of sexual violence and children affected by war.

### Programme activities

- Training of psychosocial assistants in psychosocial and mental healthcare;
- Mobilization of community and local administrators around psychosocial issues;
- Emotional support to individuals, families and vulnerable groups;
- Psychiatric care through permanent and mobile clinics;
- Psychosocial education to families and communities;
- Direct intervention through problem-solving counselling (individual, family and group counselling);
- Recreational and educational activities for youth, advocacy and referral of individuals in need of services other than those offered by HealthNet TPO.

### Results

So far, the programme operates in 11 of Burundi's 17 provinces. HealthNet TPO has been working in partnership with the government to ensure the sustainability of its interventions. The psychosocial programme is currently in the process of handing over its services to the Ministry of Solidarity, Human Rights and Gender. Meanwhile, the mental health programme is integrating mental healthcare into primary care in public hospitals.

The table below shows the number of consultations/examinations related to psychosocial, mental health and epileptic problems from 2000, when the programme was launched, to the present day.

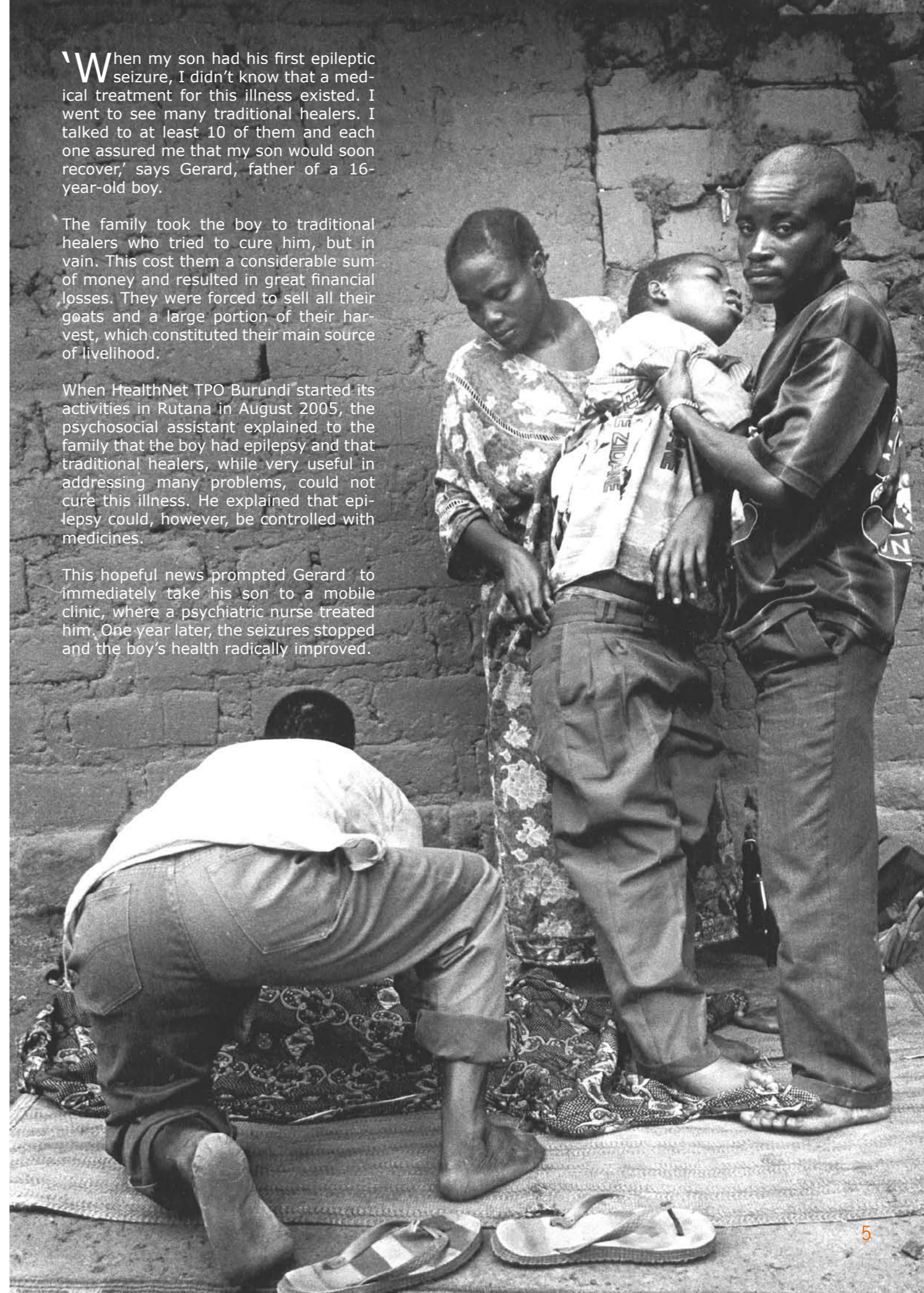
Year	Psychosocial cases	Mental health patients	Epilepsy patients
2006	9811	6101	12685
2005	5299	4817	5866
2004	4563	4742	5573
2003	3802	3827	3372
2002	2017	3651	3184
2001	1933	1597	1722
2000	101	126	149
Total	27526	24861	32551

'When my son had his first epileptic seizure, I didn't know that a medical treatment for this illness existed. I went to see many traditional healers. I talked to at least 10 of them and each one assured me that my son would soon recover,' says Gerard, father of a 16-year-old boy.

The family took the boy to traditional healers who tried to cure him, but in vain. This cost them a considerable sum of money and resulted in great financial losses. They were forced to sell all their goats and a large portion of their harvest, which constituted their main source of livelihood.

When HealthNet TPO Burundi started its activities in Rutana in August 2005, the psychosocial assistant explained to the family that the boy had epilepsy and that traditional healers, while very useful in addressing many problems, could not cure this illness. He explained that epilepsy could, however, be controlled with medicines.

This hopeful news prompted Gerard to immediately take his son to a mobile clinic, where a psychiatric nurse treated him. One year later, the seizures stopped and the boy's health radically improved.





**D**iane is a 16-year-old girl in Mwaro who has suffered from depression. When first brought to the psychiatric nurses of HealthNet TPO, she was unable to communicate. Her mother explained that she felt worthless, refused to eat, was very sad and apathetic, and didn't want to talk to anyone. The nurses treated her with anti-depressants and tried to stimulate conversation. Within months, they witnessed a major improvement.

Diane has made significant progress: she now talks to her family, can help her mother with domestic work, and jokes and laughs with her friends. Her self-esteem is increasing and she was happy to have her picture taken. Gradually, she is starting to talk about her problems.

## 2. Child thematic programme

*Start date:* September 2004  
*Donor:* Plan International  
*Locations:* Bujumbura Rural, Bubanza, Bujumbura City and Cibitoke

This programme is implemented in four war-affected countries in addition to Burundi: Indonesia, Nepal, Sri Lanka, and Sudan. The general purpose of the programme is to offer psychosocial assistance and a range of mental health services to children experiencing problems related to armed conflict - problems which may affect their daily lives and performance at school. Thousands of children in Burundi have been traumatized by atrocities they have witnessed or been forced to take part in. However, statistics on children affected by war are scarce.

### Programme activities

- ♦ Basic assistance (group treatment) for children with minor psychosocial problems;
- ♦ Specialized assistance (recreational activities, self-help groups, problem-solving counselling, etc.) for children with more serious problems;
- ♦ Specialized treatment for children with psychiatric and mental disorders.

### Results

Through our Child Thematic Programme we have reached over 9000 children in three different provinces: Bujumbura City, Bujumbura Rural and Bubanza. We offer different kinds of psychosocial care for children in need. For children like Clemens, who are ill at ease talking about their problems in a group situation, there are counsellors present

who can give them individual attention; so far, 356 children have received individual counselling. Some activities are organized within a school setting for those children still able to function in a group. Playing and interacting can help these children to cope with their problems and regain the ability to function in society.

Children are screened in school to see if they might benefit from group or individual activities, or referred to HealthNet TPO Burundi by members of the community - for example by teachers, neighbours, parents, other relatives. HealthNet TPO sensitizes members of the community through regular meetings and awareness-raising in the three provinces.

**C**lemens is a 14-year-old boy whose appearance reflects his many problems. Compared to other children of his age, his difficulties are immediately apparent. At the beginning, he displayed a lack of strength, passivity, stubbornness, and suffered from lack of hygiene. Yet, he always greeted HealthNet TPO staff with bursts of affection.

We learned that his problems were related to the loss of his two older brothers, with whom he was very close. It was they who were often able to stop their father from beating their mother. Soldiers killed Clemens' brothers while he was hiding not far away. They tied them to a tree and turned them upside down. The killers then slowly cut their limbs, one by one. Clemens heard them screaming while at death's door.

After this horrifying experience, Clemens' life became intensely dark. It seemed inconceivable to him that one human being could treat another human being with such cruelty. He began to fear all strangers, and even began to display animosity towards his parents, who were not always able to put food on the table. Every night he suffered from horrible nightmares.

Fortunately, after three months of intensive individual counselling, he became a child again, able to communicate with others, to smile and to work.

THOUSANDS OF CHILDREN IN BURUNDI  
 HAVE BEEN TRAUMATIZED BY ATROCITIES  
 THEY HAVE WITNESSED OR BEEN  
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### 3. Assistance to Congolese refugees

*Start date:* May 2005  
*Donor:* UNHCR  
*Locations:* Gihinga and Gasorwe refugee camps, Bujumbura City

This programme provides mental and public healthcare and community services to 10000 refugees from the Democratic Republic of Congo based in the Gihinga (Mwaro) and Gasorwe (Muyinga) camps, and to refugees scattered in Bujumbura City.

#### Programme activities

- ♦ Health education for refugees;
- ♦ Identification and referral of vulnerable groups, such as orphans, former child soldiers and rape victims;
- ♦ Preventive and curative care for refugees;
- ♦ Psychosocial community initiatives (recreational activities, self-help groups, etc);
- ♦ Advocacy and referral of refugees in need of special assistance elsewhere.

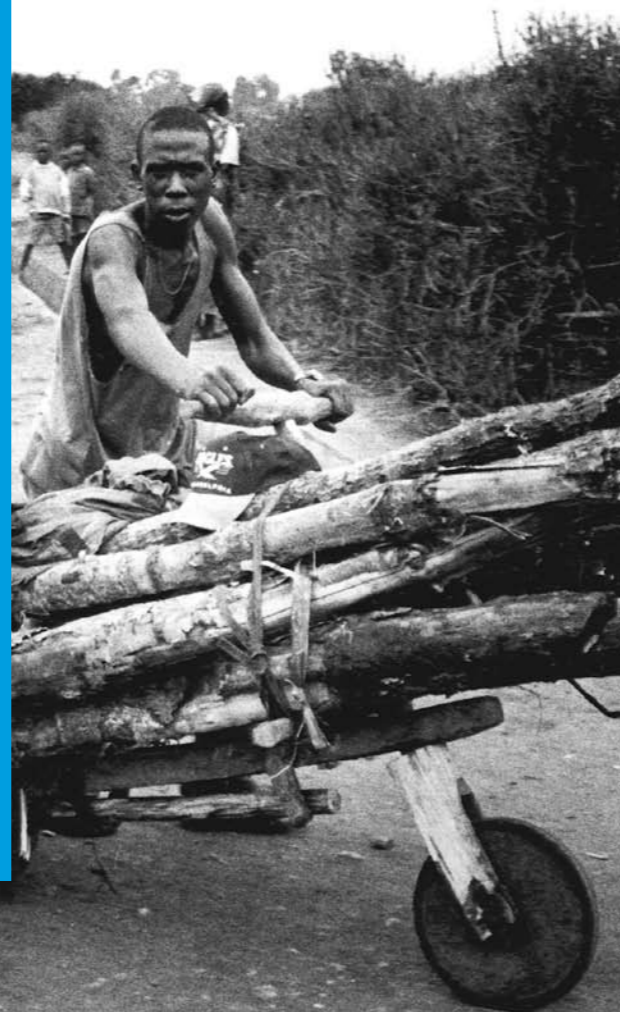
#### Results

In 2006, the morbidity and mortality rate decreased by 75%, 274 new psychosocial cases were treated, and 170 mentally ill people were seen by psychosocial assistants and psychiatric nurses. In terms of public health, 47337 medical consultations were recorded. More than 5000 people participated in different recreational activities organized within the camps.

**N**gendahayo Jean-Marie, a 37-year-old married man and father of four children, fled South Kivu where he lived in 2002 because the war destroyed his home. When he arrived in Gasorwe refugee camp, he had brought only his family with him. After a certain period, he went to visit his brother in Rwanda, the only other family member to have survived the genocide of 1994. When he reached Kigali, he discovered that his brother had also passed away.

After he returned to the camp, he began to suffer from headaches. His nerves were shattered and he experienced such severe pain that he was unable to stay in one place. As a result, he became completely disoriented and began wandering all over the camp. This terrified his wife, who could not stop crying. A neighbour eventually took them to a psychosocial assistant in the camp, who reassured them and sent the patient to a psychiatric nurse from Health-Net TPO. Jean-Marie was put on medication, while the family received emotional support from the psychosocial assistant.

After three months of treatment, Jean-Marie's condition improved remarkably. He began to feel better and consequently was able to discuss his problems with the psychosocial assistant. One year on, he considers himself a happy person and expects to receive a micro-credit loan to start up a small business.



### 4. Sanitary provincial support programme

*Start date:* September 2005  
*Donor:* Dutch Government - Thematic Co-Financing (TMF)  
*Location:* Kibuye (Gitega)

Burundi is slowly emerging from a civil war that resulted in the widespread destruction of its sanitary infrastructure and entire health system. During the conflict, qualified health workers abandoned the countryside for the city, which was far safer. Furthermore, salary standards were very poor in relation to the amount of work that needed to be done, staff moral was generally low and most employees felt despondent.

As a result, the quality and quantity of services decreased significantly, performance standards dropped and health indicators were alarming. It is in this context that the TMF Project initiated a programme to rehabilitate the sanitary sector. This programme aims to improve the sanitary conditions of the population through a performance-based contractual arrangement between TMF and the Ministry of Public Health (MoPH).

#### Programme activities

- ♦ Introduction of a remuneration system based on performance results and care structures in Kibuye;
- ♦ Feasibility assessment (baseline study);
- ♦ Appointment of a representative committee and development of relevant management tools for the programme;
- ♦ Implementation of programme decisions;
- ♦ Programme monitoring and appraisal;
- ♦ Logistical support for the sanitary sector of Kibuye;
- ♦ Training of health staff.

At present, the programme is being implemented in the sanitary sector of Kibuye at district level. The new policy of the MoPH is to support not only the first reference hospital but also health centres in the area. Accordingly, the contractual programme involves the hospital of Kibuye and 10 surrounding health centres.

#### Results

A campaign was held to explain the approach to the Ministry of Public Health (MoPH), local authorities, the Bureau Provincial de Santé (BPS), the hospital and 10 health centres of the Kibuye sanitary sector, associations and partners of the MoPH and the Comité de Santé Representative (COSA).

A conceptual logframe was developed, a piloting committee was appointed and a business plan for the first quarter of the programme was established. Purchase and motivation contracts have been signed, and BPS medical staff trained in coordination and supervision.

A supervision contract was signed between the BPS and the MOPH, which stipulates that the BPS is responsible for supervising the work of the health centres. The hospital of Kibuye has been provided with additional beds, an ambulance and other medical equipment.

The programme has given new impetus to existing community health structures (COSA: Comité de Santé) by restructuring them and providing training in health education. Thanks to the health education sessions conducted by members of COSA, a significant change in community behaviour is already noticeable. Prior to the restructuring of COSA, only two women gave birth at the health centre; at the end of the first quarter, an additional 24 women came for regular prenatal consultations and gave birth at the hospital.

SEXUAL VIOLENCE IS A TABOO SUBJECT IN BURUNDIAN CULTURE; VICTIMS TEND TO REMAIN SILENT ABOUT THEIR EXPERIENCES, AND ALSO PREFER SETTLING OUT OF COURT.



## 5. Assistance to victims of torture and sexual violence

*Start date:* October 2005  
*Donor:* USAID, through Search for Common Ground  
*Locations:* Bururi, Bujumbura Rural, Rutana and Muyinga

This programme aims to help victims of torture and sexual violence, through direct assistance and capacity development in preventive action and support to victims.

### Programme activities

- ♦ Sensitization and information meetings;
- ♦ Community awareness activities;
- ♦ Community participation activities;
- ♦ Encouragement of help-seeking behaviour;
- ♦ Psychosocial assistance to victims;
- ♦ Training of trainers (psychosocial assistants and community leaders/volunteers).

Although the constitution prohibits such practices, members of the security forces have been accused by League Iteka, the UN, Human Rights Watch (HRW) and the Burundian Association for the Protection of Human Rights and Detained Persons (APRODH) of maintaining illegal detention and torture centres across the country, and of beating and torturing civilians and detainees.

Sexual violence is a common practice (women being the main victims), although there are no credible statistics available. It is a taboo subject in Burundian culture;

victims tend to remain silent about their experiences, and also prefer settling out of court. Thanks to sensitization and information meetings organized by psychosocial assistants in the field, victims have begun to denounce their aggressors.

### Results

In 2006, more than 160 victims of torture and sexual violence were identified and benefited from direct psychosocial assistance, and were rehabilitated and reintegrated into their communities. Awareness raising, psychosocial education, and capacity-building activities were organized for community leaders, local authorities, hospitals and NGOs specialized in legal matters. The programme has not been able to expand its intervention to other parts of the country because of limited funds, but every victim that approaches us receives assistance.

## 6. Assistance to former child soldiers

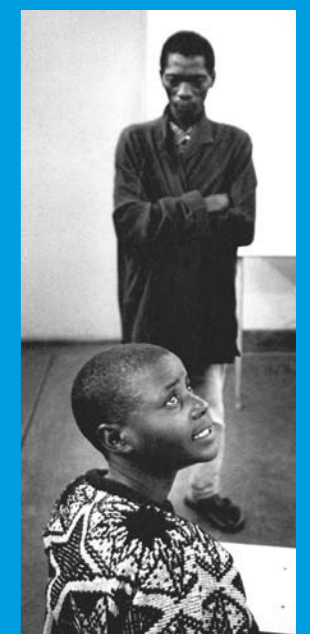
*Start date:* October 2005  
*Donor:* IPEC/BIT (Programme International pour l'Abolition du Travail des Enfants/Bureau International du Travail).  
*Locations:* Makamba, Bujumbura City

In 2005, UNICEF identified 3015 ex-child soldiers in Burundi. UN organizations, government structures and NGOs were particularly concerned about these children. HealthNet TPO started a programme aimed at providing socio-economic assistance to former child soldiers and preventing other children from being recruited by armed groups.

Bosco was thirteen when the rebels captured him. He had hidden himself in the bush when the rebels entered the hill where he lived. Sadly, he was somewhat indifferent when the rebels found him and conscripted him into their army. After all, his family was poor and he had never been to school. Over a period of five months, he was trained in rebel camps in Tanzania, after which the Kachalnikov held no secrets for him. He is now nineteen years old and, with a tone of indifference, says he learned nothing from his five years of fighting: he remains poor, uneducated and without a job.

Bosco is one of the boys participating in the programme to reintegrate former child soldiers. It is not immediately apparent that he has suffered so much: he has an open personality and laughs a lot with the other boys. Nevertheless, his is another tragic story. He never again saw his parents after he joined the rebel group. They are now dead, as well as nine of his brothers and sisters. Some died of malaria, while others were killed by rebel or government soldiers. He no longer thinks about these things, he says. When asked about his time with the rebels, he says without flinching or blinking an eye: 'I have seen so many people dying. Some were my friends, others were enemy soldiers.'

Boys like Bosco will not benefit much from classical 'talk therapy'. The programme they follow consists of training to become a mechanic. Everyday he and 20 other former child soldiers are taught by a technical instructor. Their 'classroom' is a simple shelter where they learn by doing: old motors are enthusiastically dismantled and reassembled by the youngsters. A psychosocial assistant is available to talk to and advise the boys if they wish. Vocational training, the opportunity to interact and make new friends, and having someone they can trust nearby – someone who listens to their problems – are the best 'therapy' one can provide for boys like Bosco.



### Programme activities

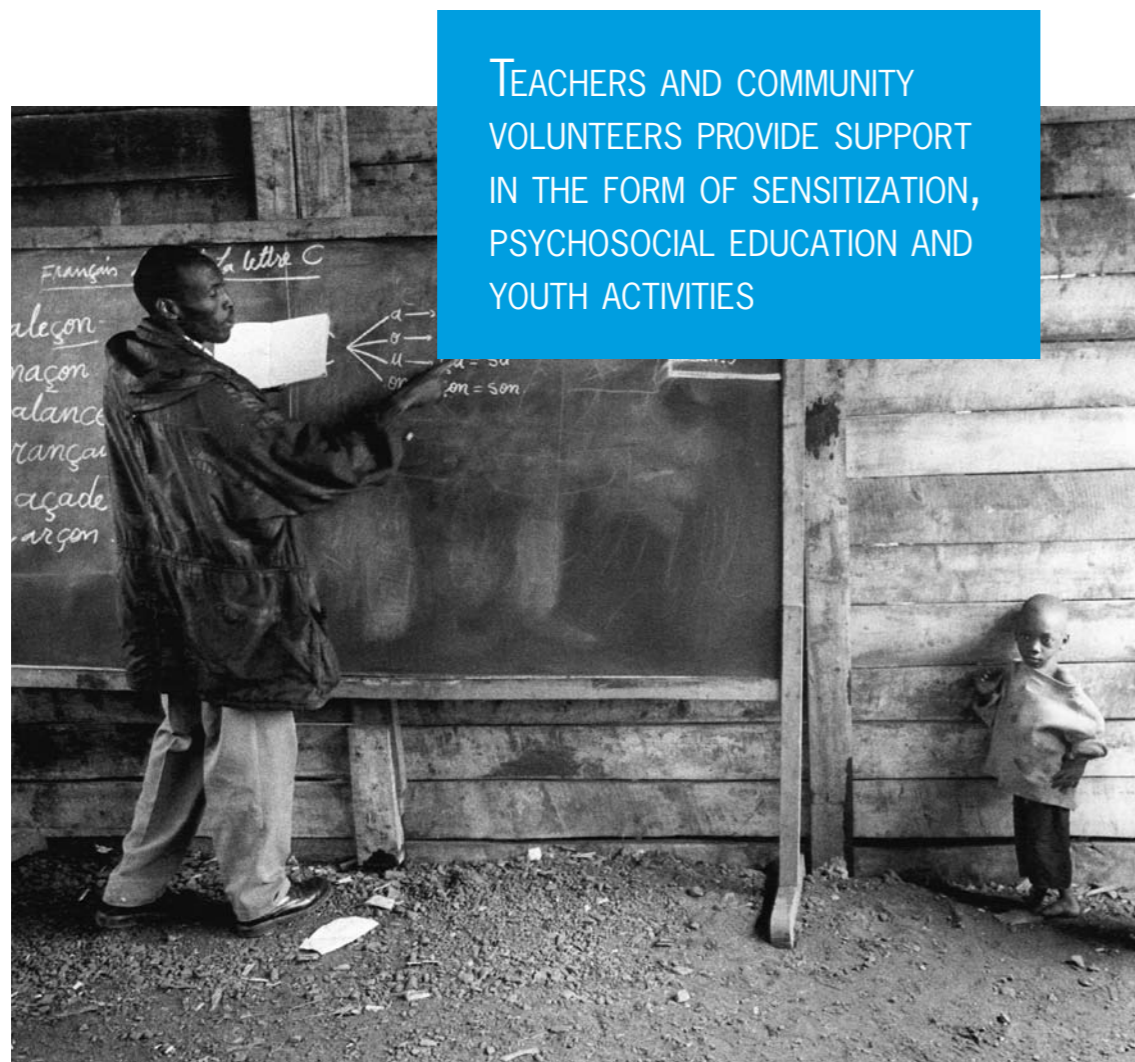
- ♦ Training ex-child soldiers in professions likely to generate revenue;
- ♦ Providing ex-child soldiers with equipment kits following their training;
- ♦ Assisting former child soldiers to start up their own businesses;
- ♦ Promoting revenue-generating activities for vulnerable households.

In a war that destroyed their homes and often killed their entire families, many children who survived the killings did not know where to turn. Other children were sent to fight by their families, who hoped to receive money in return. In some cases, armed groups lived within the communities and threatened the children, forcing them to join rebel groups, using them to carry weapons and sometimes even sending them to fight on the frontline.

When the peace agreements were eventually signed, most of these children were either too old to return to school or too young to benefit from the demobilization structures that were put in place. Many children felt genuine despair and some even displayed criminal or addictive behaviour.

### Results

In 2006, 350 former child soldiers were trained to become mechanics or tailors, thus enabling them to earn an income. After the training, they were provided with equipment kits to help them start up their own business. The programme also provided micro-credit loans to 250 poor households to help prevent the enrolment of children in fighting groups.



TEACHERS AND COMMUNITY VOLUNTEERS PROVIDE SUPPORT IN THE FORM OF SENSITIZATION, PSYCHOSOCIAL EDUCATION AND YOUTH ACTIVITIES

## 7. Assistance to orphans and vulnerable children

**Start date:** November 2005  
**Donor:** CNLS (Conseil National de Lutte contre le Sida)  
**Location:** Karusi

According to a UNICEF survey carried out in 2006, 30000 children in Burundi were already living with HIV/AIDS. The civil war also created many child victims, most of whom lost family members and witnessed violence. While Burundian law provides for children's health and welfare, the government has not been able to fully and adequately address the needs of vulnerable children, in particular the tens of thousands orphaned by war and HIV/AIDS.

This programme provides psychosocial and mental health assistance to orphans and vulnerable children in Karusi province, through schools and community institutions. It builds the capacity of teachers and community volunteers to help children suffering from psychosocial problems, with the support of HealthNet TPO psychosocial assistants.

### Programme activities

- ♦ Training of teachers (reinforcement of their capacities);
- ♦ Promotion of youth recreational activities;
- ♦ Problem-solving counselling for children (individual, group, with family members);
- ♦ Psychiatric care for the needy.

### Results

A basic study was carried out to assess the psychosocial situation of orphans and vulnerable children in Karusi province. 2175 children in need of psychosocial assistance were identified. Among them, 1302 received individual emotional support. 284 were diagnosed as epileptic and 589 as having mental health problems. The remaining children were given support by teachers and community volunteers through sensitization sessions, psychosocial education and youth activities.

As the programme is being implemented through schools and community structures, 80 teachers and 35 community volunteers were trained to identify children in need of assistance, to help prevent psychosocial problems and to provide a minimum package of psychosocial assistance. A module that guides teachers and community volunteers in providing basic psychosocial assistance has been published.

## Public Health & Research Dept.

**B**ased in Amsterdam, the Public Health & Research Department of HealthNet TPO is a permanent service supporting the organization's programmes and projects.

Key activities include:

- ♦ Assessing the field situation before initiating a given project (baseline study);
- ♦ Identifying problems during project implementation and researching/recommending improved approaches;
- ♦ Identifying the impact of interventions on the beneficiaries;
- ♦ Maintaining a database on medical and social aspects of each project.

The department publishes findings in reports and peer-reviewed scientific journals such as *Lancet* and *Jama*. Publications on Burundi include:

- ♦ A cost-effectiveness study of traditional healing of mental and psychosocial problems;

- ♦ A baseline survey of the Kibuye health sanitary sector in Gitega province;
- ♦ A cost-effectiveness study of interventions by the programme of psychosocial assistance to children affected by war and living in conflict regions (in progress);
- ♦ A cost-effectiveness study of interventions by the programme of assistance to former child soldiers (in progress).

## Donors and partners

The main donors of HealthNet TPO Burundi are the Dutch government, UNHCR, Plan International, IPEC, USAID and CNLS. We work in close partnership with two ministries of the Burundian government (the Ministry of Public Health and the Ministry of National Solidarity, Human Rights and Gender), UNICEF, MSF Belgique and CARE International. In January 2007, we signed a consultancy contract with NGOs from Eastern Congo to reinforce their capacities in psychosocial assistance; this consultancy is being financed by ICCO.

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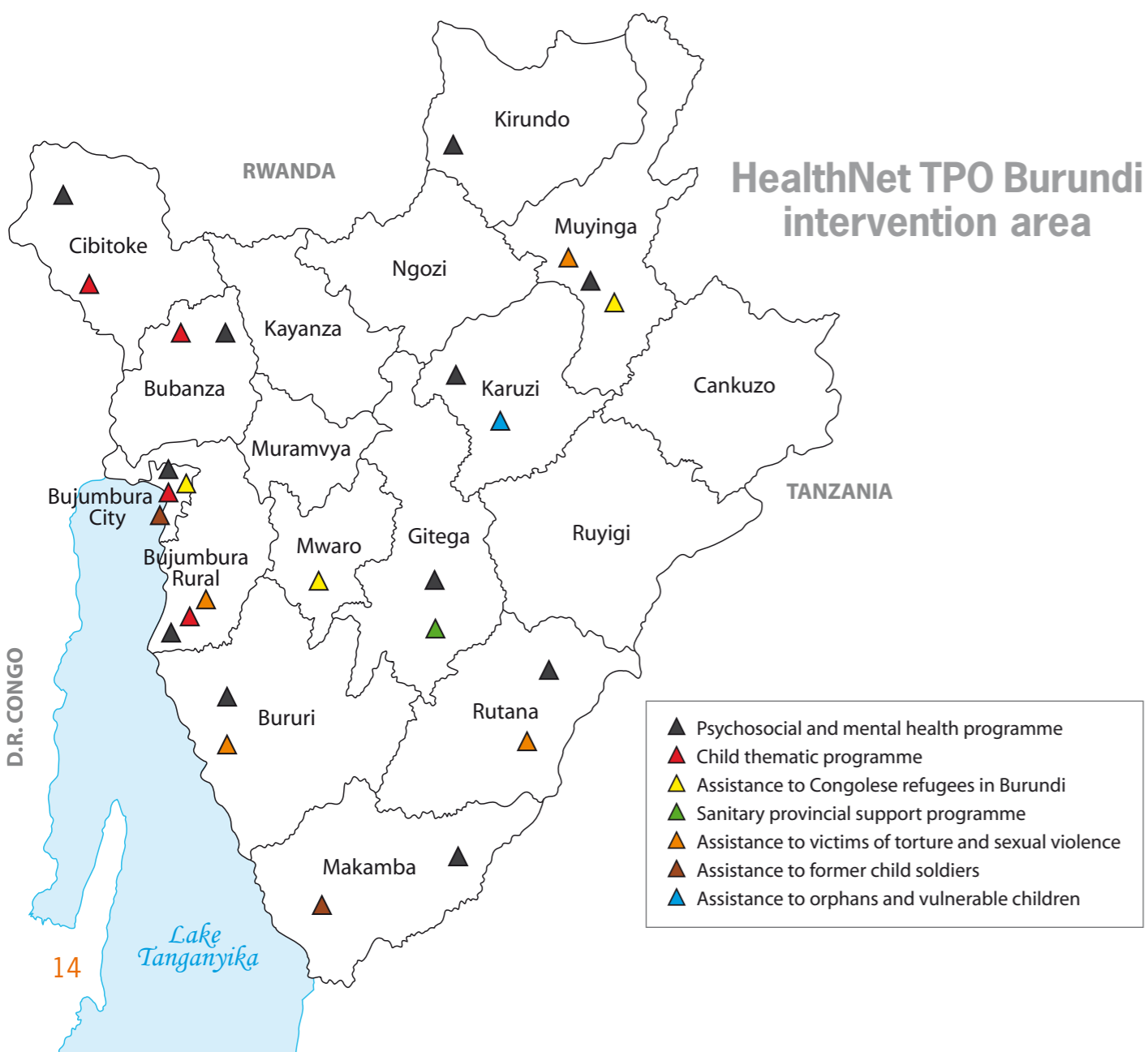
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