

REPUBLIC OF RWANDA



MINISTRY OF NATIONAL UNITY
AND CIVIC ENGAGEMENT

Strengthening Resilience: A community-based participatory framework for assessment of resilience in Rwanda

Kigali, July 2024



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LIST OF ACRONYMS & ABBREVIATIONS

ADEPR	Association des Églises de Pentecôte du Rwanda
ARCT Ruhuka	Association Rwandaise des Conseillers en Traumatisme Rwanda
BDF	Business Development Fund
CNLG	Commission Nationale de Lutte contre le Génocide
COVID	Coronavirus Disease
CRAF	Community Resilience Assessment Framework
CSO	Civil society organisation
DASSO	District Administration Security Support Organ
ECD	Early childhood development
FAR	Forces Armées Rwandaises
FBO	Faith-based organisation
FARG	Genocide Survivors Assistance Fund
FDLR	Forces Démocratiques pour la Libération du Rwanda
FGD	Focus group discussion
GBV	Gender-based violence
IRDP	Institut de Recherche et de Dialogue pour la Paix
MINUBUMWE	Ministry of National Unity and Civic Engagement
NISR	National Institute of Statistics of Rwanda
NST	National Strategy for Transformation
NURC	National Unity and Reconciliation Commission
OECD	Organisation for Economic Cooperation and Development
PAR	Participatory action research
PI	Principal investigator
RDF	Rwanda Defence Force
RIB	Rwanda Investigation Bureau
RPA	Rwandese Patriotic Army
SACCO	Saving and Credit Cooperative
TVET	Technical and vocational education and training
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VUP	Vision 2020 Umurenge Programme

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Overall, the collective dedication and support of our partners, stakeholders, and participants has enabled us to deepen knowledge and contribute to the broader goals of enhancing community resilience in post-genocide Rwanda.

Dr. Bizimana Jean Damascène
Minister of National Unity and Civic Engagement

EXECUTIVE SUMMARY

This study had four aims: (1) to develop and validate resilience indicators that can be used to structure future research activities, policies, and programmes for community resilience in Rwanda; (2) to devise a participatory, mixed, and multi-level methodology to assess resilience indicators, that builds on existing frameworks but is adapted to meet Rwanda’s needs; (3) to use the resilience assessment methodology to establish a community resilience baseline across all districts of Rwanda; and (4) to generate policy and programmatic recommendations that would increase resilience across Rwanda.

The study adopted a mixed approach that combined qualitative and quantitative methods. Data was collected at four levels: individual, household, community, and institution. At individual level, a self-assessment questionnaire was used to collect data on individual psychological resilience. At household, community and institutional levels, the study used a community scorecard approach and focus group discussions (FGDs) to measure the level and sources of resilience and fragility. FGDs were organised at all three levels. In total, 270 FGDs were held countrywide, 90 at household level, 90 at community level, and 90 at institutional level. In all, 2,297 individuals participated in the FGDs (of whom 40.3% were female and 59.7% male). 4,484 individuals participated in the survey (of whom 50.4% were female and 49.6% were male). In total, 7,481 persons took part in the Community Resilience Assessment Framework (CRAF) study. The major findings are outlined below.

Table 1: National average resilience scores at individual level by indicator

National average	Score (0 to 4)
Collaboration and negotiation	3.5
Empathy, tolerance, and forgiveness	3.4
Hope and spirituality	3.3
Humility and willingness to learn	3.3
Emotional awareness and expression	3.2
Growth orientation	3.1
Critical thinking and decision-making	3.1
Healing of psychological trauma	3.1
Self-management and responsibility	3.0
Here-and-now focus	3.0

Individual resilience was scored from 0 to 4, based on four resilience indicators, where 0 indicated that participants neither agreed nor strongly agreed with any of the four resilience indicators and 4 indicated that respondents agreed or strongly agreed with all four. The outcome showed a nuanced landscape of individual resilience in Rwanda: the population possesses psychological strengths but is less resilient in certain areas. Average scores at district level indicate that the nation possesses collective resilience across a range of dimensions.

With respect to collaboration and negotiation, the national average score is impressively high, at 3.5 out of 4. This suggests that individuals have a robust ability to work together, find common ground, and engage in effective negotiation. The score of 3.4 out of 4 for empathy, tolerance, and forgiveness indicates a society that values understanding, acceptance, and the ability to forgive.

The nation seems to be slightly less adept at cultivating hope and spirituality. The score of 3.3 out of 4 implies that there is room to improve the population’s collective sense of optimism and spiritual well-being. Humility and willingness to learn, emotional awareness and expression, growth orientation, and critical thinking and decision-making all hovered around 3.1 out of 4, indicating a moderate level of proficiency in these areas.

The scores dip further in healing of psychological trauma, self-management and responsibility, and here-and-now focus, where national averages ranged between 3.0 and 3.1 out of 4. These results suggest that people find it more difficult to address psychological traumas, take personal responsibility, and focus on the present moment.

In summary, the averaged national scores reveal a society that has notable strengths in collaboration, empathy, and certain cognitive skills, but which could improve its spiritual well-being, humility, emotional expression, and ability to cope with psychological trauma. These insights can guide targeted interventions and policies to enhance the population’s overall resilience.

Table 2: The proportion of respondents who declared that they possess all the attributes of individual resilience, by indicator

Indicator	%
Collaboration and negotiation	72
Empathy, tolerance and forgiveness	61
Hope and spirituality	57
Emotional awareness and expression	56
Growth orientation	56
Critical thinking and decision-making	55
Humility and willingness to learn	54
Self-management and personal responsibility	51
Healing of psychological trauma	51
Here-and-now focus	49

Analysing the proportion of respondents who declared that they possess all an indicator’s attributes of individual resilience sheds light on the population’s overall strengths and weaknesses. Based on individuals’ declarations, the population has robust strengths in collaboration and negotiation (72%) and in empathy, tolerance, and forgiveness (61%). These scores suggest a cohesive society with strong interpersonal skills. However, a score of 57% in hope and spirituality indicates that interventions to foster optimism and spiritual well-being may be helpful. Emotional awareness, growth orientation, and critical thinking scored 56%, suggesting that a foundation of balanced cognitive and emotional resilience exists. Improvement could be made in humility and willingness to learn (54%), healing of psychological trauma (51%), self-management and responsibility (51%), and here-and-now focus (49%). These insights can guide the direction of targeted strategies to enhance resilience across the population.

Table 3: National average resilience scores at household level, by indicator

Indicators	National average (1 to 5)
Connection with other families	4.2
Value-based family conversations	4.0
Mechanisms to resolve family conflicts	3.9
Responsive and authoritative parenting	3.9
Gender equality within the household	3.7
Access to sources of livelihood	3.7
Intergenerational partnership within the household	3.7
Entrepreneurial mindset	3.7

Resilience levels at household level in Rwanda also present a diverse landscape; scores vary across key indicators. Notably, the connection with other families and value-based family conversations scored 4.2 and 4.0 out of 5, suggesting high resilience, strong social bonds and meaningful family interactions.

However, there is room to improve responsive and authoritative parenting and mechanisms to resolve family conflicts, where scores of 3.9 out of 5 display moderate resilience. This suggests that conflict resolution strategies and parenting skills can be enhanced in Rwandan households.

Gender equality, access to livelihood sources, intergenerational partnerships, and entrepreneurial mindset all scored 3.7 out of 5, again indicating moderate levels of resilience. In these areas continued efforts need to be made to promote gender equity, economic stability, family relationships across generations, and innovation within households. Overall, the resilience of households in Rwanda is strong in some respects, but needs to be strengthened across the nation in others.

Table 4: National average resilience scores at community level, by indicator

Indicators	National average (1 to 5)
Shared sense of national identity	4.6
Solidarity among community members	4.4
Shared vision of the future	4.4
Engagement in shared everyday community activities	4.3
Integrating persons of different socio-demographic background	4.3
Healing of divisions and conflicts	4.1
Participatory decision-making	4.0

At community level, Rwandan society is generally resilient and unified. A resilience score of 4.6 out of 5 for shared sense of national identity stands out, implying that Rwandans connect strongly with a unified national identity. Solidarity among community members and shared vision for the future also scored 4.4 out of 5, suggesting that Rwandans feel that their communities support them, are cohesive, and share common goals.

Resilience is less marked in some other areas. Engagement in shared everyday community activities scored 4.3 out of 5, indicating moderate resilience and a need to increase participation in communal activities. The score for integrating persons of different socio-demographic backgrounds was also moderate (4.3 out of 5), signaling that more can be done to promote inclusion. Healing of divisions and conflicts scored 4.1 out of 5, implying

that more should be done to resolve issues from the past. Lastly, participatory decision-making scored 4.0 out of 5: here too there is potential to increase community involvement in decision-making processes.

In sum, Rwandan communities show commendable levels of resilience overall, but in specific areas there are opportunities to improve their resilience.

Table 5: National average resilience scores at institutional level, by indicator.

Indicators	National average (1 to 5)
Effective security institutions	4.7
Social protection interventions	4.5
Shared economic institutions	4.4
Transformative local leadership	4.3
Integrity of local leaders and institutions	4.3
Comprehensive education services	4.3
Programmes for societal healing and national unity	4.3
Contribution of faith-based institutions and civil society organisations	4.3
Balanced central-local relations, with shared responsibility and agency	4.3
Effective justice institutions	4.2
Comprehensive health services	4.1
Gender equality	4.0
Water, mobility, and other infrastructure	3.8

At institutional level, resilience in Rwanda is generally high, suggesting that its systems are robust and well-structured. The country exhibits remarkable strengths in several areas. Effective security institutions led the way with a high score of 4.7 out of 5, underscoring Rwanda's commitment to maintaining a secure environment. Social protection interventions also scored highly at 4.5 out of 5, highlighting the national commitment to supporting its vulnerable populations.

Shared economic institutions, transformative local leadership, the integrity of local leaders and institutions, comprehensive education services, programmes for societal healing and national unity, and the contribution of faith-based institutions and civil society organisations all scored 4.3 out of 5, indicating a high level of resilience. These indicators show Rwanda's strong governance, social development, and inclusive leadership. Balanced central-local relations, and shared responsibility and agency, also scored 4.3 out of 5, indicating that different levels of government cooperate effectively. Effective justice institutions scored 4.2 out of 5, indicating that Rwandans consider the legal system is reliable.

In some areas, resilience was less marked: this was true of comprehensive health services, which scored of 4.1 out of 5, and gender equality, which scored 4.0 out of 5. These scores nevertheless suggest that Rwandans recognise that the country is committed to healthcare and gender equity. The lower score of water, mobility, and other infrastructure (3.8 out of 5) indicates that improvement can be made in this area. Overall, Rwanda's institutional resilience is commendable. Resilience was strong in several critical sectors, indicating a well-structured and efficient system; there is room for improvement in other areas.

Several factors have contributed to the state of resilience summarised above. They include the inclusive nature of government, both centrally and at decentralised levels; social protection programmes in the health and education sectors that cater for the needs of the most vulnerable; the existence of community-based conflict

resolution mechanisms; and the effectiveness of security and justice institutions. The outcomes also pointed to some factors of fragility at all levels. Those that appeared frequently in the three levels assessed by FGDs include persistent poverty, corruption in local government, a mindset dependent on government support, and unhealed wounds resulting from the genocide against the Tutsi and its aftermath.

In response to identified fragilities and in line with the indicator scores (described in more detail in Chapter Four), the study proposes several recommendations based on the feedback of study participants. The institutions responsible for implementing these are described in Chapter Five.

Based on the individual responses, the research team recommends the adoption of programmes that build collaboration and negotiation skills, and that promote practical compassion to strengthen social solidarity and community cohesion. It suggests that collective healing activities should be expanded, and should include a component of emotional education (such as resilience-oriented therapy, multifamily therapy or socio-therapy) to build the capacity of individuals to regulate their emotions, cope with challenging emotions, and take positive actions. It recommends that community visioning activities should be promoted, to build a sense of the future; that leadership training should be strengthened; that peace education programmes should be enlarged; and that participation in collaborative livelihood initiatives should be encouraged.

Based on household responses, the team recommends campaigns to make the public more aware of the benefits of equal rights and opportunities between boys and girls, men and women. Intra-family dialogues should be institutionalised by activating the *inama y'umuryango* (family council),¹ to prevent and manage family conflicts more efficiently. Strategies should be designed to enable members of government-assisted groups to exit poverty and dependence. More financial opportunities should be made available to individuals and families.

Based on community level responses, the team calls for innovative measures to ensure that the elite and youth can participate actively in community activities, including *Umuganda* (community work), *Umugoroba w'imiryango* (community discussions) and other related programmes. More action is needed to enable communities to resist drug abuse, particularly among young people. Because mental well-being underpins resilience, mental health services need to be strengthened at community level, to address unhealed wounds associated with the Rwanda genocide and trauma. To enable the country to maintain its strong and peaceful development trajectory, campaigns should be introduced to raise the interest of youth in Rwanda's history and reconstruction process.

Based on responses at institutional level, lastly, the team recommends intensifying efforts to control and end corruption, particularly in local government. Agricultural extension services to farmers, as well as roads and access to electricity, should be improved, particularly in rural areas. The country needs to teach employable skills and multiply employment opportunities, notably to respond to the pressing needs of youth. This implies the extension of TVET facilities.

1 In accordance with law n° 32/2016 of 28/08/2016 governing persons and family, the family council is an organ in the family especially responsible for safeguarding the interests of family members and settling disputes that arising within the family (Article 162). Its responsibilities include: "1° to protect the interests of the family; 2° to listen and to settle disputes relating to succession and any other dispute arising in the family" (Article 163).

CHAPTER ONE: GENERAL INTRODUCTION

This study assessed community resilience in Rwanda. It was commissioned by the Ministry of Unity and Civic Engagement (MINUBUMWE), coordinated by Interpeace, and funded by the Swedish International Development Agency (Sida). The study has five chapters. Chapter One provides its background, rationale and objectives, and also briefly presents MINUBUMWE and its partnership with Interpeace. Chapter Two reviews available literature on community resilience and sets out the analytical framework that informed data collection and guided the analysis. Chapter Three presents the study's methodology. In particular, it describes the study's approach, geographical coverage, data collection methods and tools, sampling process, quality assurance and limitations. Chapter Four sets out the study's findings, which are organised in four main dimensions: resilience at individual level, at household level, at community level, and at institutional level. Finally, Chapter Five offers a general conclusion and formulates recommendations for policy action.

1.1 Background to the Community Resilience Assessment Framework

The 1994 genocide against the Tutsi in Rwanda left deep scars on the nation's psyche (Kaplan, 2013). Over a million Tutsi were brutally killed, tearing families and communities apart (Dyregrov et al., 2000). The genocide was a culmination of long-standing and complex historical and political tensions rooted in Rwanda's colonial past and post-independence struggles (Smith, 1995). Scholarship has shown that the seeds of division were sowed and irrigated by Belgian colonisers (Pulla and Kalinganire, 2021). From the outset, the Belgian colonial authorities divided Rwanda by establishing an impregnable wall between the Twa, Hutu and Tutsi and favouring the latter as a ruling elite. Separateness was enforced by affirming perceived physical differences, such as facial features and height (Corey and Joireman, 2004). These differences were later exploited by post-colonial regimes to persecute the Tutsi.

In 1959, a series of violent uprisings and protests against Tutsi rule led to the mass exodus of many Tutsi to neighbouring countries (Mayersen, 2012). This marked the beginning of a series of conflicts and political upheavals that ultimately culminated in the 1994 genocide against the Tutsi (Szabó, 2021). Over one hundred days, unimaginable atrocities were committed, countless lives lost, and families torn apart; the country was plunged into chaos (Li, 2004).

Dealing with the aftermath of the genocide has presented daunting challenges for Rwanda. To rebuild the nation, it was necessary not only to reconstruct it physically but to address deep-rooted trauma. In the 29 years since 1994, the country has made significant progress towards healing the psychological wounds of its people and repairing the economic damage the genocide caused. Numerous initiatives, at every level, in mental health, peacebuilding, economic recovery, and to reintegrate population groups that were directly implicated in or affected by the genocide, have brought Rwanda to a point where it can begin to look towards the future with confidence and optimism. Rwanda's economy has been growing steadily at 7% each year; it now aspires to Middle Income Country status by 2035 and High-Income Country status by 2050 (National Strategy for Transformation, NSTI, 2017). It has also made significant progress toward recovery and resilience in other areas: transformative governance; disability and social inclusion; the environment and climate change; regional integration and international positioning; gender and family promotion; and disaster management, among others (NSTI, 2017).

However, to keep Rwanda on this new trajectory, it is important to address several interlinked challenges. A significant mental health burden remains, especially among genocide survivors: a recent epidemiological survey showed that 35% of genocide survivors and 12% of the general population meet the criteria for post-traumatic stress disorder (Rwanda Biomedical Centre, RBC, 2018). The RBC survey showed that more women (23.2%) show evidence of trauma than men (16.6%) (Kayiteshonga, et al., 2022, p. 1), and that the children of survivors are significantly more likely to display symptoms of trauma than children from the general population, suggesting that trauma is being transmitted from parents to children who were not yet born when the genocide occurred (Lordos et al, 2021). Intergenerational trauma is also linked to family-level challenges, such as family conflicts, gender stereotypes, and gender-based violence (Institute of Research and Dialogue for Peace, IRDP, 2019). Another challenge is the reintegration of former genocide perpetrators in the community after they complete their prison sentences, especially in cases where genocide denial, genocide ideology, ethnic-based stereotyping, divisive politics, hate speech and social mistrust remain significant issues (National Unity and Reconciliation Commission, NURC, Rwanda reconciliation Barometer, 2020). Finally, poverty is an additional burden, especially when it intersects with poor mental health and social disengagement to create a mutually reinforcing cycle. It was evident for all these reasons that, to keep open its path towards a peaceful and prosperous future, Rwanda needs to promote societal healing, constructive civic engagement, and community resilience.

1.2 Objectives of the study

Taking into account the background described above, the study pursued four objectives:

1. To develop and validate resilience indicators, derived from available literature and a multi-stakeholder dialogue process, that can be applied to structure future research, policies, and programmes for community resilience in Rwanda.
2. To devise a multi-level methodology for assessing resilience indicators, based on existing frameworks but customised to meet Rwanda's specific needs.
3. To establish a community resilience baseline across all districts of Rwanda.
4. To generate policy and programmatic recommendations for increasing resilience in Rwanda, by means of multi-stakeholder deliberation and dialogue at sector, district and national level.

1.3 Scope of the study

The current study sets out to develop and assess specific pre-defined resilience indicators at community level, and to generate supporting insights at household, individual, and institutional level wherever it is relevant to do so in order to understand community resilience. The study has established baseline data on various indicators in the course of assessing community resilience, and has used that data to generate policy and programme recommendations that aim to increase resilience. In terms of geographical scope, data were collected from three sectors in each district, making a total of 90 sectors countrywide. Chapter Three describes how sectors were sampled. This study only assessed the population that currently resides in Rwanda; in the future, its indicators and methods could be adapted to assess the resilience of Rwanda's diaspora communities.

1.4. Brief overview of MINUBUMWE and its partnership with Interpeace

MINUBUMWE was established by Prime Minister's order No 021/03 of 21/10/2021 and merged four public institutions, namely La Commission Nationale de Lutte Contre le Génocide (CNLG), the National Unity and Reconciliation Commission (NURC), the National Itorero Commission, and the Genocide Survivors Assistance Fund (FARG). The mission of MINUBUMWE is to preserve historical memory, to reinforce national unity, and to promote citizenship education and culture. Accordingly, one of MINUBUMWE's responsibilities is to "preserve, and share with others, methods used by survivors of the Genocide against the Tutsi for recovery and resilience" (Prime Minister's order No 021/03 of 21/10/2021, responsibility 12). This is to be accomplished by a dedicated Community Resilience Directorate, which promotes unity and social cohesion among Rwandans. The Directorate also coordinates and monitors social healing interventions and rehabilitation and reintegration initiatives in the Rwandan community, and provides essential services to needy genocide survivors in the fields of education, health, shelter, and income-generation. To fulfil its mandate to strengthen community resilience, MINUBUMWE requires a baseline understanding of the current state of resilience in all districts of Rwanda. Without such information, it would be unable to identify the communities that most require support or show that the resilience-strengthening programmes that it designs, prioritises, and deploys help such communities effectively.

To achieve its goals, MINUBUMWE partnered with Interpeace, an international peacebuilding organisation with expertise in societal healing and community resilience frameworks, to develop indicators for measuring societal healing and community resilience. In line with the partnership's objectives, an inception process was initiated, which included a literature review, a multi-stakeholder dialogue, and design of a participatory methodology to assess community resilience.

CHAPTER TWO: LITERATURE REVIEW

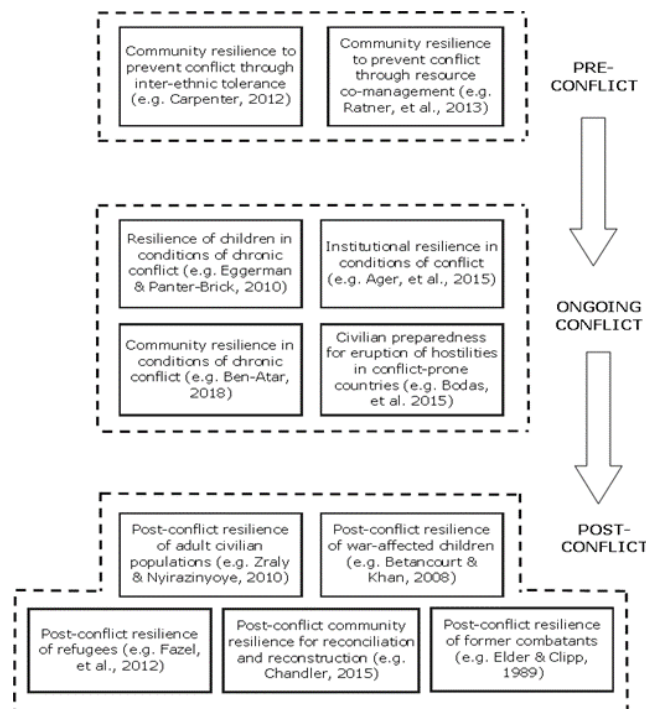
This chapter reviews a range of literature sources on the concepts of resilience and community resilience. Sections discuss the concept of resilience, drivers of resilience, resilience assessment frameworks and approaches, and studies of resilience and sources of resilience in post-genocide Rwanda.

2.1 The concept of resilience

Resilience is the ability to navigate adversity and transform it into avenues for growth (Gillespie, Chaboyer and Wallis, 2007). Community resilience is the collective capacity of a group to respond to shared challenges, and to adapt and reorganise while maintaining functionality in uncertain scenarios (Sonn and Fischer, 1998). Norris et al (2008) frame community resilience as an interconnected system of resources within a group, which provide fortifying socio-economic coping mechanisms and offer the group's members a sense of community affiliation and engagement. This suggests that community resilience is a key coping asset for its members, which enables communities to adapt and transform themselves after conflicts (Ben-Atar, 2018) and when they face additional stressors.

In conflict contexts, interpretations of resilience vary according to the conflict phase. In the preventive phase, resilient communities nurture inter-ethnic understanding and joint stewardship of resources to ensure that routine stressors do not cause conflicts to escalate (Carpenter, 2012; Ratner et al, 2013). During conflicts, resilience-focused strategies reduce harms to people and to their societal structures (Eggerman and Panter-Brick, 2010; Ager et al, 2015). In the recovery phase and after conflicts, resilience is found in the broader community's journey towards reconciliation and reconstruction (Chandler, 2015) and in efforts to help individuals to recover: namely, war-impacted children (Betancourt & Khan, 2008); refugees (Fazel, et al., 2012); ex-combatants (Elder and Clipp, 1989); and the wider civilian population (Zraly and Nyirazinyoye, 2010). The different strands of conflict resilience literature are summarised in Figure 1 below.

Figure 1: Resilience at different stages of conflict



Source: Lordos and Hyslop (2021).

2.2 Frameworks for assessing resilience

Numerous frameworks have evaluated resilience in nations affected by conflict or other humanitarian or developmental situations. Prominent ones include the UN Common Guidance on Helping Build Resilient Societies (United Nations, 2019); the OECD Guidelines for Resilience Systems Analysis (OECD, 2014); UNDP’s Community Based Resilience Analysis (CoBRA) (UNDP, 2014); GOAL’s Analysis of the Resilience of Communities to Disasters (ARC-D) (McCaul and Mitsidou, 2016); USAID’s Resilience Measurement Practical Guidance (Vaughan and Henly-Shepard, 2018); and Interpeace’s Frameworks for the Assessment of Resilience (FAR) (Simpson et al., 2016). The majority of resilience assessment frameworks adopt a layered approach: they separate out the resilience of individuals, families, institutional structures, and communities, and distinguish local from national expressions of resilience. Resilience assessment frameworks adopt a variety of methodologies. They examine pre-existing assessment findings; host community-level discussions to identify and gauge specific resilience indicators; conduct comprehensive qualitative interviews at household level to identify factors that drive resilience; collect and analyse quantitative survey data, using regression and moderation techniques; do social anthropological studies of populations that face challenges, emphasising a life history methodology; and do participatory, stakeholder-driven, socio-ecological case investigations.

2.3 Drivers of resilience

Drivers of resilience that are globally recognised fall primarily into two categories: personal attributes; and community support mechanisms. On a personal scale, resilience is linked to a variety of life skills and attributes, including executive functions, cognitive adaptability, tenacity, emotional management, acceptance, an ability to contextualise experiences, social competence, ability to embrace diversity, ability to tolerate uncer-

tainty, ability to maintain optimism, and the capacity to continually learn and adapt (Ben-Atar, 2018; Betancourt and Khan, 2008; Bodas et al, 2017; Brodsky et al, 2011; Cummings et al, 2017; Eggerman and Panter-Brick, 2010; Hobfoll et al, 2012; Lavi and Stone, 2011; Levey et al, 2016; Segovia et al, 2012; Shoshani and Stone, 2016; Tol, Song and Jordans, 2013; Zraly and Nyirazinyoye, 2010).

With respect to community resilience, especially in conditions of war, bonds in the community, feelings of warmth, the presence of dependable social networks, and a collective sense of unity and social cohesion are repeatedly considered to protect against the challenges that arise during conflicts (Ager et al, 2015; Betancourt and Khan, 2008; Cummings et al, 2017; Eggerman and Panter-Brick, 2010; Fazel et al, 2012; Levey et al, 2016; Nguyen-Gillham et al, 2008; Panter-Brick et al, 2011; Siriwardhana et al, 2014; Slone and Shoshani, 2017; Zraly and Nyirazinyoye, 2010). Particularly for individuals who have been combatants, community acceptance helps to curtail negative cycles of societal stigma and self-imposed isolation (Barber, 2001; Betancourt et al, 2013; Cummings et al, 2017; Tol, Song and Jordans, 2013). For youth and other susceptible groups, structured guidance, by peers, family members or elders in the community, is a vital support in conditions of adversity (Barber, 2001; Slone and Shoshani, 2017; Tol, Song and Jordans, 2013; Witter et al, 2017). Other factors that bolster community resilience include the mental well-being of caregivers (Tol, Song and Jordans, 2013); access to spiritual support (Barber, 2001; Siriwardhana et al, 2014); and maintenance of routine activities (leisure, work, or education) regardless of conflict or other upheavals (Nguyen-Gillham et al, 2008). Researchers have also emphasised institutional factors: these include team unity; supportive leadership; flexible role dynamics in response to changing priorities; decentralised decision-making; and reflective governance practices (Alameddine et al, 2019; Folke et al, 2005; Witter et al, 2017).

Resilience capabilities may be categorised coherently by drawing on the sustainable livelihoods approach (Scoones, 1998). This method takes account of the myriad resources available to different agents in a societal system. Traditionally, it highlighted five types of resilience-enhancing capital that individuals might possess: human, social, natural, physical, and financial. However, newer models that focus on conflict resilience (Lordos and Hyslop, 2021) refined this classification to include capacities that might otherwise be overlooked, such as life skills (UNICEF, 2017), social cohesion (Cox and Sisk, 2017), adaptive governance (Allen et al, 2011), and informational assets (Odero, 2006). Table 6 lays out the framework in eight sub-sections that cover human, social, material, and digital assets.

Table 6: An inclusive framework of resilience capacities

Human capital		Social capital		Material capital		Digital capital	
Cross-cutting life skills	Task-specific competencies	Social cohesion	Adaptive institutional practices	Natural capital	Physical capital	Financial capital	Information capital
Emotional regulation	Food growing	Inclusive sense of identity	Mission clarity	Agricultural land	Fire extinguisher	Income from work or wealth	Information about threats
Tolerance of distress	Shelter construction	Respect for diversity	Service orientation	Fertile soil	First aid kit	Bank savings	Information about opportunities
Implementation persistence	Providing first aid	Gender equality and partnership	Problem-solving orientation	Suitable seeds	Stocks of canned food	Remittances	Access to general education

Human capital		Social capital		Material capital		Digital capital	
Cross-cutting life skills	Task-specific competencies	Social cohesion	Adaptive institutional practices	Natural capital	Physical capital	Financial capital	Information capital
Sense-making	Sterilisation and preventing infection	Inter-generational partnerships	Institutional versatility	Livestock	Access to a computer or smartphone	Insurance plans	Access to technical training
Critical thinking	Treatment of common mental health problems	Family coherence	Culture of empowerment	Grazing land	Access to electricity	Access to e-banking	Access to diagnostic information
Flexibility	Treatment of common physical ailments	School connectedness	Functional redundancy	Rivers and waterholes	Access to medication	Access to loans	Information about personal strengths and weaknesses
Growth mindset	Preparedness for emergency response	Community dialogue	Institutional preparedness	Land to live on	Access to sanitation	Access to grants	Information about other people and their capacities
Creativity	Parenting skills	Community solidarity	Science-based practices	Access to drinking water	Farming and construction tools	Access to charitable support	Information about institutions and services they provide
Perspective taking	Conflict mediation skills	Participation opportunities	Reflective management	Community forest	Access to means of mobility	Access to social protection nets	Information about rights and duties
Negotiation	Mentoring and coaching	Local-national collaboration	Future orientation	Community biodiversity	Access to a community hub	Access to markets	Information about historical events

Source: Lordos and Hyslop (2021)

2.4 Approaches to assessing resilience in post-conflict settings

With respect to methodologies for assessing resilience in conflict settings, two distinct approaches emerge from the literature. The first, rooted in a social-ecological research tradition, applies systems theory to examine multi-stakeholder dynamics and seeks to understand resilience holistically in relation to potential stressors that may lead to conflict. The second, rooted in a psychological and social anthropological tradition, seeks to understand how specific agents at specific levels in the social system respond to adversities associated with conflict (Lordos and Hyslop, 2021).

Social-ecological studies of conflict resilience typically study how certain actors navigate challenging events and interactions during conflicts, on a range of temporal and spatial scales. Such studies often superimpose an analytic framework to provide an interpretive lens (Hellin et al, 2018; Mitra et al, 2017; Ratner, Mam and Halpern, 2014). They sometimes collect primary data to validate elements of a system's structure and function before they apply a systems analysis.

Data collection in such studies can involve community focus group discussions (FGDs) and detailed interviews with key decision-makers or community informants (Carpenter, 2012; Mitra et al, 2017; Vivekananda, Schilling and Smith, 2014). Some researchers invite active participants in a conflict to help interpret findings and conduct systems analysis, in the hope that stakeholders who understand their social environment may collaborate more easily (Butler et al, 2015; Gurung, Bousquet and Trebuil, 2006). When stakeholders are involved in this manner, the research process becomes both participatory and action-oriented. It is useful to note that one cannot assess peacebuilding programmes, including homegrown initiatives like *Gacaca* courts, without involving and collaborating with key stakeholders (community members, local leaders/implementers, policy makers, former combatants, etc.).

In contrast, psychological and social anthropological assessments of conflict resilience typically adopt a more focused approach. They often concentrate on specific actors in a conflict system (such as war-affected children or refugees). Such assessments employ empirical quantitative or qualitative research methods to determine which specific adversities affect an actor's ability to function and which resilience sources they draw on to cope. Qualitative methods generate insights and hypotheses on resilience mechanisms; quantitative methods test such hypotheses, reveal additional resilience mechanisms, and provide insights into the distribution of resilience assets between different groups in a conflict-affected population.

2.5 Studies of resilience in Rwanda

A few studies of resilience in Rwanda have been published; most are qualitative and ethnographic. Several focus on genocide survivors (Dushimirimana, Sezibera and Auerbach, 2014; Lambourne and Gitau, 2013; Otake and Tamming, 2021; Otake, 2017; Zraly and Nyirazinyoye, 2010). Others examine the resilience of communities and the general population more generally (Betancourt et al, 2011; Hynie et al, 2015; Lordos et al, 2021; Otake, 2018; Richters, 2015; Shevell and Denov, 2021). Resilience factors that emerge from studies of survivors include: ability to let go of the past and address the future; access to emotional expression and mutual support; participation in community-based livelihood initiatives; ability to forgive and resolve conflict; and spirituality. More recent studies of resilience in Rwanda tend to adopt a cross-sectoral and multi-level perspective; their frameworks combine individual, family, community, and national factors, and consider mental health, social cohesion, sustainable livelihoods, prisoner reintegration, and intergenerational relationships.

2.6 Sources of resilience in the Rwandan context

Several of the studies that focus on the resilience of survivors and wider communities in Rwanda have located sources of resilience at individual, family, community and national levels.

At individual level, they identified several factors. In their ethnographic study of resilience among survivors of genocide rape in southern Rwanda, Zraly and Nyirazinyoye (2010) listed: patience; endurance; speaking about the genocide; courage; emotional expression; being with people who shared the same wounds; describing problems to individuals they trust; seeking support; and making sense of their struggles. Other studies have identified additional factors of individual resilience: maintenance of social ties; acceptance that problems are

part of human life; optimism; and having goals for the future (Bentacourt et al, 2011). In the same vein, Dushimirimana and Sezibera (2014) found that access to material support and to financial resources are important sources of resilience. Other studies have highlighted the importance of high levels of education, social networks, and spirituality (Hynie et al, 2015; Richters, 2015; Otake, 2017; Otake and Tamming, 2021); and the importance of societal healing programmes, collaborative livelihoods, and youth-parent interventions (Lordos et al, 2021).

At family level, parenting, cohesive family units, and spirituality all promote resilience.

At community level, supportive community structures, uniting social norms, and giving assistance to vulnerable persons are key factors of resilience.

Nationally, sources of resilience include annual commemorations of the genocide and memorials, and unity and reconciliation-oriented institutions and programmes (Shevell & Denov, 2021).

Factors of resilience vary depending on the group and its past experience. For more information on studies of resilience in post-genocide Rwanda, see Annex 1.

CHAPTER THREE: METHODOLOGY

This chapter describes the study's design, process and approach. It describes the tools that were used to collect data, the process and criteria used to sample subjects, and the size of the sample. The chosen methodology fully involved all stakeholders at each step of the research process, which was designed to generate a resilience assessment framework that will help MINUBUMWE and its stakeholders in their programming.

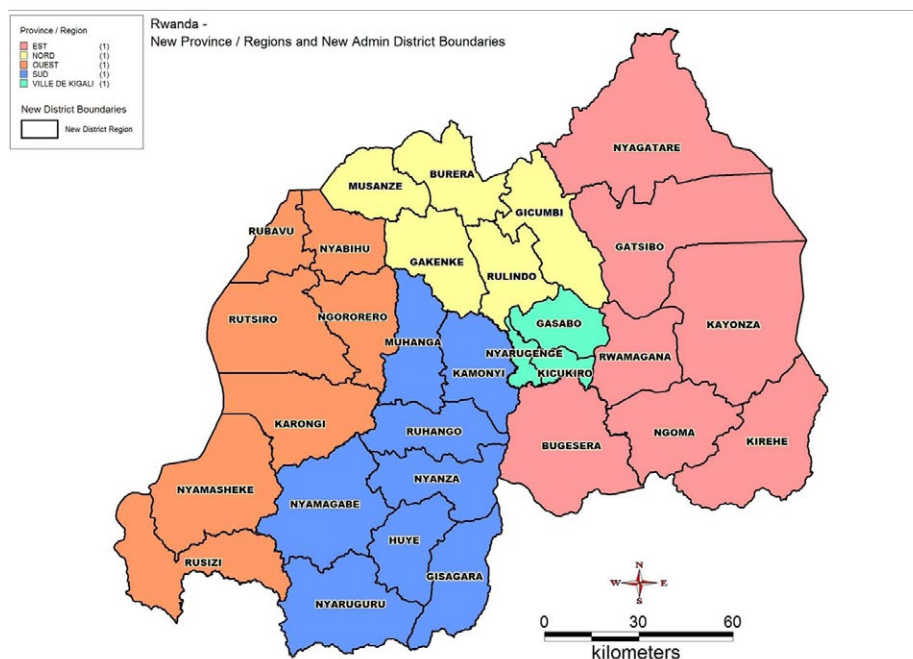
3.1 Study design and approach

The study adopted a participatory action research (PAR) model. This methodology has been praised for decolonising and democratising research because it includes and empowers research participants (Bergold and Thomas, 2012; Kidd and Kral, 2005). Its use enabled the study to involve research partners in the production of knowledge, and allowed participants to describe in their own words what they considered to be the sources of their resilience and fragility at household, community and institutional level. At individual level, the study used psychometrics to assess individual psychological resilience. To strengthen this approach, the research team involved a diverse mix of Rwandans. Inclusiveness was important because it made more voices heard and reflected a wider range of Rwandan opinions. Data were collected at four levels (individual, household, community and institutional), using qualitative and quantitative tools. The study's data collection methods are described in section 3.3.

3.2. Geographical coverage

Research was conducted in all of Rwanda's 30 districts. Three sectors were selected in each district: one 'rural', one 'urban', and one 'model'. Many rural districts have no significant urban areas; in such cases, the sector in which a district's offices are located was considered urban. 'Model' sectors in Rwanda are sectors that have performed well in national development programmes; one 'model' sector has been officially designated in every district. MINUBUMWE selected the sectors covered by the study in collaboration with district authorities, before data collection started. See Annex 2 for more information about the three sectors that were selected in each district.

From each sector, one cell was selected. Urban sectors were identified by selecting the cell that contained the district office. In the rural and model sectors, data were collected from the cells in which sector offices were located. For the individual surveys, two villages were selected at random to ensure that every person had an equal chance to participate. All FGDs were organised at sector level. For logistical reasons, participants in household and community FGDs came from the cell in which the sector office was located. By contrast, the participants in institutional FGDs were drawn from the whole sector, since most had leadership roles.



3.3. Study population and sampling process

The study population for this research was composed of Rwandans aged 18 and above who lived in Rwanda at the time of data collection. The selection process considered a range of socio-historical backgrounds (taking account of the genocide against Tutsi and other episodes of socio-political violence).² The most relevant backgrounds were: (1) genocide survivor; (2) relative of a genocide survivor; (3) former genocide convict; (4) relative of a genocide convict; (5) bystander (Rwandans who were in Rwanda during the genocide but who did not participate in it and were not targeted by it); (6) ex-combatant from the Rwandese Patriotic Army (RPA), (7) demobilised soldier from the Rwanda Defence Force (RDF); (8) demobilised soldier from the Forces Armées Rwandaises (FAR); (9) ex-combatant from armed groups such as the Forces Démocratiques pour la Libération du Rwanda (FDLR); (10) old or recent returnee; (11) male or female child born of genocidal rape; (12) local leader. The process considered all the above categories of Rwandan and selected a sample of 7,481 individuals (see Table 7).

Table 7: The number of respondents by category

Category	Participants
1. Individual survey questionnaire	4,484
2. Focus group discussions	2,997
Total	7,481

Table 7 shows the number of people who participated in FGDs and individual interviews. How the study selected participants is described below.

² Rwandans below the age of 18 are considered in law to be children.

3.3.1. Selection of focus group participants

Focus group participants were carefully selected to ensure that targeted categories of community members were included. In this regard, efforts were made to ensure that FGDs were as inclusive as possible in terms of gender, age and socio-historical background. Nonetheless, the demographic composition of some locations was such that certain categories were not always available; in these cases, FGDs were selected from the categories that were available.

In total, 270 FGDs were conducted countrywide: 90 at household level, 90 at community level, and 90 at institutional level. On average, between 10 and 12 people participated in household, community and institutional FGDs. For more information on the distribution of participants, see Annex 3.

As explained earlier, three sectors were selected in each district and three FGDs were held in each sector. Consequently, nine FGDs were conducted in each district. Across all Rwanda's 30 districts, a total of 2,997 community members participated in FGDs. Initially, 12 participants were expected to participate in each FGD, corresponding to the twelve categories of respondent. In practice, an average of 11.1 people turned out per FGD, implying a participation rate of 92.5% across all districts. The principal reason for the shortfall was that some categories of targeted participant were not found in some communities. Table 8 shows the distribution of FGD participants by gender.

Table 8: FGD participants, by gender

Sex	Participation	Percentage
Female	1,209	40.3%
Male	1,788	59.7%
Total	2,997	100%

The study took care to include people of both genders (female and male). More men (59.7%) than women (40.3%) participated in FGDs. This was principally due to the fact that some of the targeted categories were dominated by men (notably genocide convicts, demobilised former RDF, and demobilised former members of armed groups).

3.3.2. Selection of individuals for the survey

The survey assessed individuals' psychological resilience. The selection of respondents combined random and purposive features. For instance, households were selected randomly, but at household level the head of each selected household was given the first option to participate, given the nature of the information the study was collecting. Where the head of a household was not available, any adult available at the time of the survey was selected. As mentioned above, participants were selected from all Rwanda's districts, and selected sectors, cells and villages. For more information by district on those who participated in the individual survey, see Annex 4.

The study targeted a minimum of 45 people in each sector and a minimum of 135 in each district. In the event, the response rate in each district exceeded the 135 persons initially targeted; 149.46 persons responded per district and 49.82 persons per sector. This was due to the fact that every data collection team decided to exceed the minimum number to make sure it reached its targets.

Table 9: Gender distribution of the individuals surveyed

Sex	Participation	Percentage
Female	2,261	50.4%
Male	2,223	49.6%
Total	4,484	

Table 9 shows the gender distribution of respondents in the individual survey. The participation of females (50.4%) and males (49.6%) was almost equal – whereas significantly more men than women took part in the FGDs. The male/female distribution of the individual survey almost matched the gender composition of the population as a whole. Rwanda’s fifth Population and Housing Census reported that 51.5% of the population are women and 48.5% are men (NISR,2022).

3.4 Data collection methods and tools

Because the study adopted a PAR methodology, respondents were fully involved throughout the process. The study employed three methods to collect both qualitative and quantitative data: a desk review, FGDs, and an individual survey. These methods are explained in more detail below.

3.4.1 Desk review

A literature review enabled the study to obtain a solid understanding of the concept of community resilience. The review subsequently informed the selection of resilience assessment indicators and the development of data collection tools. It also enabled the study to understand and appreciate the historical shocks and trauma that Rwanda has experienced, the progress it has made towards material and psychological reconstruction, and the persistent challenges that continue to require policy interventions.

3.4.2 Focus group discussions

As described above, the study ran a large number of FGDs in which selected Rwandans from a range of socio-historical backgrounds participated. FGDs helped the study to collect community and group-based experiences and perceptions of the genocide and other episodes of violence, as well as information about related wounds and coping mechanisms. To ensure inclusiveness, the composition of FGDs took account of gender, age, disability status and characteristics of residence as well as socio-historical background. More information on the themes that FGDs addressed can be found in a separate excel sheet (number 1).

3.4.3 Survey questionnaire

The study circulated a structured self-assessment questionnaire designed to measure psychological resilience. The questionnaire, on a 5-level Likert scale, was informed by pre-defined resilience indicators. Ten indicators each had four items/questions that measured psychological resilience. Scores ranged from 1 to 5 (strongly dis-

agree to strongly agree) where 1 stood for the lowest level of resilience and 5 the highest. Issued to sampled respondents, the questionnaire collected quantitative data.

3.5 Data analysis

To assign meaning to the data collected, both qualitative and quantitative data were analysed. For qualitative data, field notes were taken to help extract meaning coherently from the responses. Analysis began early, on a rolling basis to make it possible to identify gaps. This procedure simplified the work of data analysis because the field notes were used to improve the process and tools and consequently the quality of data that were collected. Data were analysed thematically in line with the resilience indicators that had been developed; an average score was attributed to each indicator during data collection. Quantitative data were analysed using SPSS and STATA. Frequency tables, graphs, correlations and standard deviations were generated to quantify levels of individual psychological resilience. Data from FGDs were analysed using a Likert scale: optional answers were used to guide discussion (Not at all, To a small extent, Somewhat, To a large extent, and To a great extent). Answers were converted into scores 0-5 to provide a clear picture of the degree of resilience per indicator. As discussed below, the study called factors that increase resilience “sources of resilience” and factors that impede resilience “sources of fragility”.

Scoring methodology

The data analysis scored both quantitative and qualitative data. In the case of quantitative data, it is important to note that information was gathered through a self-assessment questionnaire using a 5-level Likert scale. The questionnaire’s ten indicators (with four questions per indicator) scored responses from 1 to 5 (from strongly disagree to strongly agree), where 1 indicated the lowest level of resilience and 5 the highest. Each respondent's personal score was derived by examining their responses to the four questions under each indicator. A resilient respondent agreed or strongly agreed with each of the four questions. Scores (0 or 1) were then assigned, where 1 denoted ‘agree’ or ‘strongly agree’, and 0 ‘strongly disagree’, ‘disagree’, or ‘moderately agree’. The recorded scores for each respondent were then summed.

To illustrate, suppose three respondents (A, B and C) answered the same four questions linked to one indicator as follows:

A Disagree - Somewhat agree - Strongly disagree - Disagree: $0 + 0 + 0 + 0 = 0$

B Agree - Strongly agree - Disagree - Agree: $1 + 1 + 0 + 1 = 3$

C Strongly agree - Agree - Agree - Agree: $1 + 1 + 1 + 1 = 4$

This process was applied to all 4,484 respondents, yielding a range of individual scores (between 0 and 4). The average score was calculated by dividing the sum of individual scores by 4,484.

With respect to the FGDs, each participant at sector level scored each indicator (8 household-level indicators, 7 community-level indicators, and 13 institutional-level indicators). Scores ranged from 1 to 5, where 1 indicated the lowest level of resilience and 5 the highest. Sector-level individual scores were then aggregated and divided by the total number of participants to obtain an average score for each indicator. To derive the district average score for each indicator, sector-level scores were added up and divided by 3 (the total number of sam-

pled sectors per district). Tables 13, 14, 15 and 16 present district average scores per indicator at individual, household, community and institutional level.

3.6 Quality assurance

The quality of data was maintained by applying several measures, which are described below. Quality assurance was achieved by the multi-stakeholder team (composed of MINUBUMWE, SeeD, CGP-GL and Interpeace) which oversaw development of the data collection tools. The tools were developed collaboratively, and presented and validated in a multi-stakeholder workshop. After validation, they were submitted to the National Institute of Statistics of Rwanda for further improvement and final approval (with a research visa).

The data collection team received an eight-day training. This familiarised team members with the study's objectives, its methodology and its data collection tools. In addition, before data collection started, the research team tested the tools in two cells of Bumbogo sector, Gasabo district, by administering the individual survey questionnaire and facilitating FGDs. This exercise helped team members to understand how participants perceived the questions, which questions were sensitive, and the flow of conversation. Each conversation was recorded, in order to find out how long it took to complete each interview and FGD and to adjust the data collection tools. The pilot phase paid attention to instances when respondents hesitated to answer or asked for clarification, because this was considered an indication that questions were vague, difficult to understand, or had more than one meaning. Notes were taken when this occurred and these were later used to reformulate questions more simply. The same notes helped the team to finalise the data collection tools on the basis of questions' relevance, sensitivity and flow.

After the tools had been piloted, the study organised a debrief session to look for patterns in respondents' feedback. This information was then used to revise the interviews and FGDs. Most of the issues identified concerned duration; both the FGD and interviews were duly shortened to make them more enjoyable and exciting. It was also discovered that some questions were not well formulated; these questions were corrected before the main exercise of data collection started. The preparatory stage was critical because it improved the validity and reliability of the data collected.

Quality was also achieved by employing a range of data collection gadgets and applications, including Open Data Kit (ODK) and Kobo Tool Box, which were downloaded on state-of-the-art tablets to ensure data quality but also protect data and improve the speed of reporting. Lastly, stakeholders, including CGP-GL, Interpeace, MINUBUMWE and NISR, held frequent field supervisions. These helped both to identify issues and correct them promptly.

3.7 Ethical considerations

Before data collection started, the NISR was asked to provide a research permit, enabling the study to gain access to respondents. The study then designed a consent form that enabled researchers to obtain the informed consent of respondents and participants. The consent form explained to respondents the objectives of the research, its procedures for collecting data, benefits, and the potential risks of their participation.

The study guaranteed the confidentiality of information obtained and the anonymity of respondents. When data collection started, it was discovered that many respondents preferred to disclose their identities because

the topics discussed were not sensitive and did not jeopardise their safety and security. During the training, enumerators were trained how to manage participants who became emotional, how to ask sensitive questions in an appropriate way, and how to protect the dignity of participants. The next section discusses the study's limitations and strategies to mitigate them.

3.8 The study's limitations

Like any study, this particular research had some flaws and shortcomings. It adopted a participatory action research model, which was unfamiliar to most of the data collectors. An eight-day training was required to familiarise them with the methodology and the tools. The data collection tool was also lengthy, notably the FGD checklists. This issue was managed by concentrating on key questions and reducing the number of FGDs that each team ran in a day. Lastly, this was the first study of community resilience that used a selected set of indicators. The researchers found it necessary to do a wide literature review, first to understand the lessons from other contexts and then to adapt that knowledge to fit the circumstances in Rwanda.

CHAPTER FOUR: STUDY FINDINGS

As discussed in Chapter Three, the study collected data at individual level using a self-assessment questionnaire, and used FGDs to collect information at household, community and institutional level. This chapter begins by presenting the demographic profile of people who participated in the individual survey, before it discusses the state of community resilience based on data collected at all four levels. To make sure that focus groups addressed the objectives of the study, the FGDs attached importance to both socio-demographic characteristics and historical background; however, demographic information on FGD participants was excluded when reporting the findings. The chapter ends by discussing sources of resilience and fragility at household, community and institutional levels.

4.1 The demographic distribution of surveyed participants

This section presents the demographic profile (sex, age, marital status, level of education, occupation and religion) of those who completed the survey questionnaire.

Table 10: The survey respondents' demographic distribution

Variable	Participation (N=4,484)	Percentage
Sex		
Female	2,261	50.4
Male	2,223	49.6
Age category		
18-30	1,107	24.69
31-40	1,117	24.91
41-50	992	22.12
51-60	713	15.90
61-70	371	8.30
70 and above	183	4.08
Marital status		
Divorced	433	9.7
Divorced/separated	202	4.5
Married	2,959	66
Single	890	19.8

Variable	Participation (N=4,484)	Percentage
Highest education level		
Advanced level	679	15.14
Completed primary	1,316	29.35
Uncompleted primary	854	19.05
None	587	13.09
Ordinary level	496	11.06
Other (specify)	26	0.58
Tertiary	308	6.87
Vocational	218	4.86
Main occupation		
Agent of a private business	100	2.23
CSO staff	85	1.90
Farmer	2,264	50.49
Large size business holder	57	1.27
Medium size business holder	355	7.92
None	409	9.12
Other (specify)	421	9.39
Public servant	159	3.55
Security agent	24	0.54
Small business holder	456	10.17
Student	154	3.43
Religion		
Adventist	618	13.78
Bahai	3	0.07
Jehovah's Witness	62	1.38
Muslim	149	3.32
None	47	1.05
Other (specify)	78	1.75
Protestant	1,268	28.28
Roman Catholic	2,061	45.96
Traditionalist	2	0.04
Pentecostal (ADEPR)	196	4.37

Table 10 shows the demographic distribution of respondents who completed the individual questionnaire. In terms of sex, respondents are almost equally distributed between men (49.6%) and women (50.4%). It was a deliberate choice to target both men and women in the study.

With respect to age, close to one quarter (24.69%) of respondents were young (30 years of age or younger); the vast majority of this group were born during or after the genocide. Put differently, three quarters of respondents were alive when the genocide took place. Over 8 in 10 respondents were aged 60 or less, which means that most were economically active. In terms of marital status, close to 70% of respondents were married, while close to 20% were single.

With respect to education, nearly one third of respondents had only completed primary school; in addition, nearly one fifth had not completed primary school and another 13% had received no schooling. 15% of respondents had completed secondary school and just 6% had completed tertiary education.

With respect to occupation, half of the respondents (2,264 or 50.49%) were farmers, while the remaining half were in small businesses, unemployed, in medium-sized businesses, or were public servants, students, and 'other'.

In the last category, religion, 95% of respondents belonged to different Christian denominations; 3% were Muslim.

4.2 The state of community resilience in post-genocide Rwanda: Findings

The findings presented below address resilience at individual, household, community and institutional level. Different indicators were assessed at different levels, as described in subsections 4.2.1, 4.2.2, 4.2.3 and 4.2.4.

4.2.1 Individual psychological resilience in Rwanda

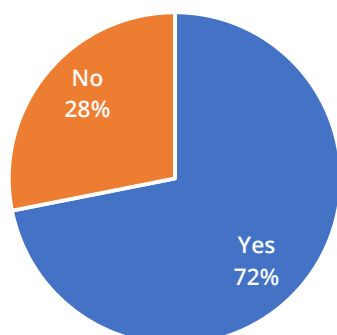
As noted earlier, the study used individual, household, community, and institutional indicators to assess community resilience. Individual indicators were: the capacity to collaborate and negotiate; empathy; tolerance and forgiveness; hope and spirituality; growth orientation; emotional awareness and expression; critical thinking and decision-making; humility and willingness to learn; self-management and responsibility; healing and psychological trauma; and here-and-now focus. The results are presented below, starting with the strongest and ending with the weakest resilience indicator.

4.2.1.1 Collaboration and negotiation

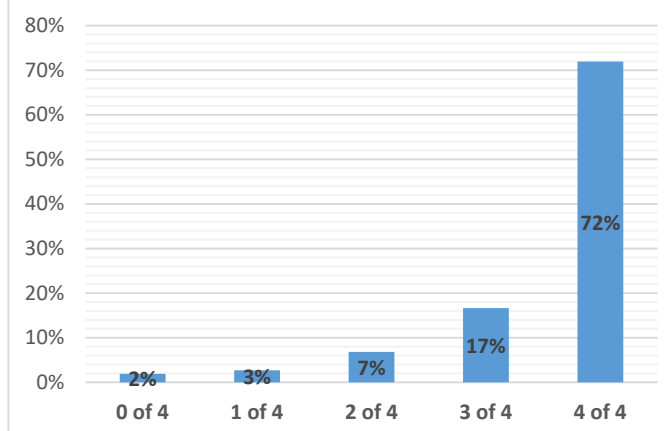
This indicator examined respondents' capacity to collaborate with other members of the community and to negotiate when necessary. Four main questions helped to assess this indicator. They were: the capacity to attentively listen to others speaking; the capacity to express themselves with confidence and in an authentic manner; the capacity to work with others to deal with a specific challenge; and the capacity to find common ground with others by considering alternative approaches when disagreements occurred. Figure 2 depicts the results.

Figure 2: Respondents' capacity to collaborate and negotiate

Collaboration and Negotiation



Collaboration and Negotiation



I work well with others in a team to deal with a specific challenge (90%)

I listen with undivided attention when others are speaking (88%)

I express myself confidently and authentically (88%)

I find common ground with others, through consideration of alternative approaches, whenever disagreements occur (88%)

According to Figure 2, an ability to collaborate and negotiate is Rwandans' strongest psychological resilience factor. It emerges that 88% to 90% agreed or strongly agreed that they can listen to others with undivided attention, express themselves confidently and authentically, work well with others in teams, and find common ground by considering alternative approaches. Overall, almost 72% of respondents declared that they possessed all these attributes, while 28% admitted a deficit in at least one. The 28% could benefit from intervention to further develop the skill(s) they lack. The strength of this resilience factor suggests that Rwandans can make use of their collaboration and negotiation skills to advance peaceful development through community-based activities. In other contexts, studies have already established the link between collaboration and resilience. A study of health emergencies indicated that ability to adapt to new and challenging circumstances is closely linked to capacity to learn from and work with others (Driftland et al, 2022, p. 14).

Collaboration skills enable people to successfully work with others, and collaborate with them to achieve a common goal. These skills are therefore essential since most work and community activities require them. They are essential to establish cooperation and team spirit and are critical to the balanced achievement of individual and group goals. A recent study has shown that social interactions between groups are a "very important" factor of resilience-building in post-genocide Rwanda (MINUBUMWE, 2023, p. 88). If relative differences due to respondents' family and professional backgrounds can be detected, especially among genocide survivors and demobilised soldiers, in general collaboration/social interaction is (perceived to be) an important element of resilience (ibid).

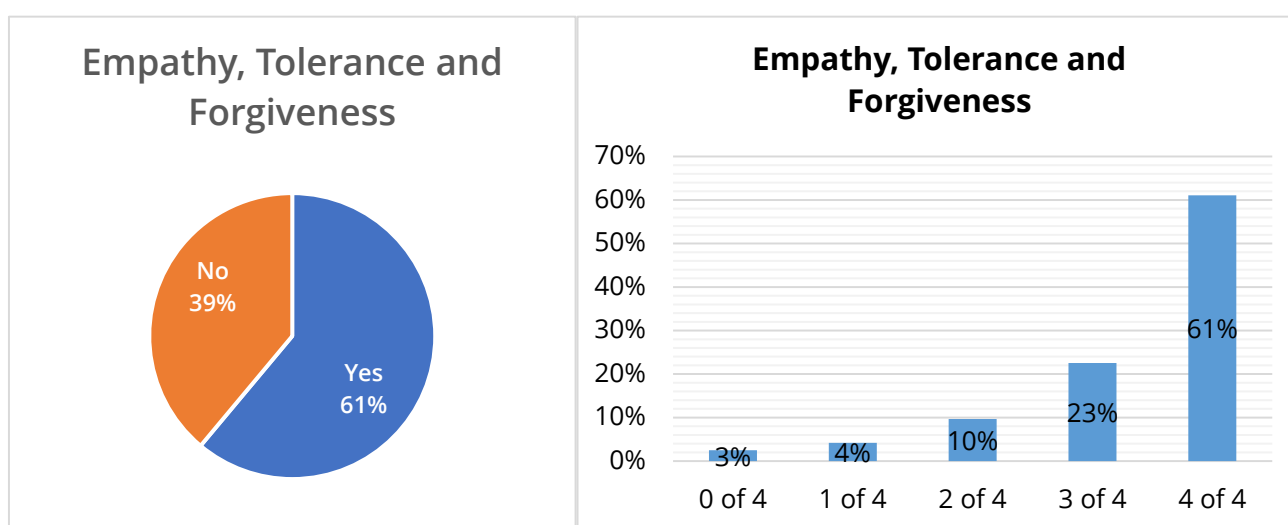
Studies in other contexts have established links between collaboration/social interaction and resilience. Social interactions and networks make an important contribution to survival. "A socially isolated and lonely individual feels unsafe and tends to be highly sensitive to dangers, attacks and stressors" (Agashe Sayli et al, 2021). It is further argued that "deprivation of social relations causes serious physiological and psychological disturbances, making individuals weakened and incapable of facing stress and adversities effectively" (Mariani et al, 2020). And social researchers into the COVID-19 pandemic found that "family support enhances psychological coping strategies" (Nathiya et al, 2020). In sum, people with social networks are more resilient than those who

live in relative isolation. Social interactions are a resource that individuals need both to cope with shocks and to build their strength and capacities.

4.2.1.2 Empathy, tolerance and forgiveness

This indicator assessed the degree to which respondents understood the difficulties and challenges faced by other members of their community. It also assessed their capacity to tolerate people of all backgrounds, their perceptions of everyone’s shared humanity, and their openness to forgive others who have wronged them. Figure 3 presents respondents’ self-assessment of their empathy, tolerance and forgiveness.

Figure 3: Respondents’ capacity for empathy, tolerance and forgiveness



- I am open to forgiving others who have wronged us (89%)
- I can perceive everyone’s underlying common humanity (88%)
- I tolerate people of all backgrounds (82%)
- I display understanding toward the difficulties and challenges faced by other community members (76%)

Figure 3 shows that 61% of respondents declared that they possessed all the relevant skills (awareness of others’ humanity, tolerance of people of all backgrounds, forgiveness of those who wronged them, and understanding of the difficulties faced by other community members). However, the fourth quality, practical compassion, appears to be the most difficult to achieve, since 24% reported that they did not feel sympathy for the difficulties and challenges faced by other community members. Social solidarity programmes to strengthen practical compassion could enhance community cohesion.

Both empathy and compassion are key elements of tolerance and forgiveness. People who have empathy are able to communicate with and listen to people they know. Strong relationships allow people to successfully express their own needs and wants while continuing to be considerate of the needs of others; they are able to put aside their own concerns, at least sometimes (Aragon, 2016). People with empathy also have higher self-esteem, are less lonely, and possess a strong sense of who they are: these attributes give them resilience. Resilient people can overcome emotional and physical stresses that may arise in situations of conflict or hardship. Empathy and compassion imply being aware and sensitive to the suffering of other people. Researchers have shown that “people who are empathetic receive both physical and emotional benefits from their sensitivity (...). Compassionate and empathetic people are able to really listen to and understand the experiences that other people describe” (McCullough et al, 1998). Their willingness to put aside their own concerns for a

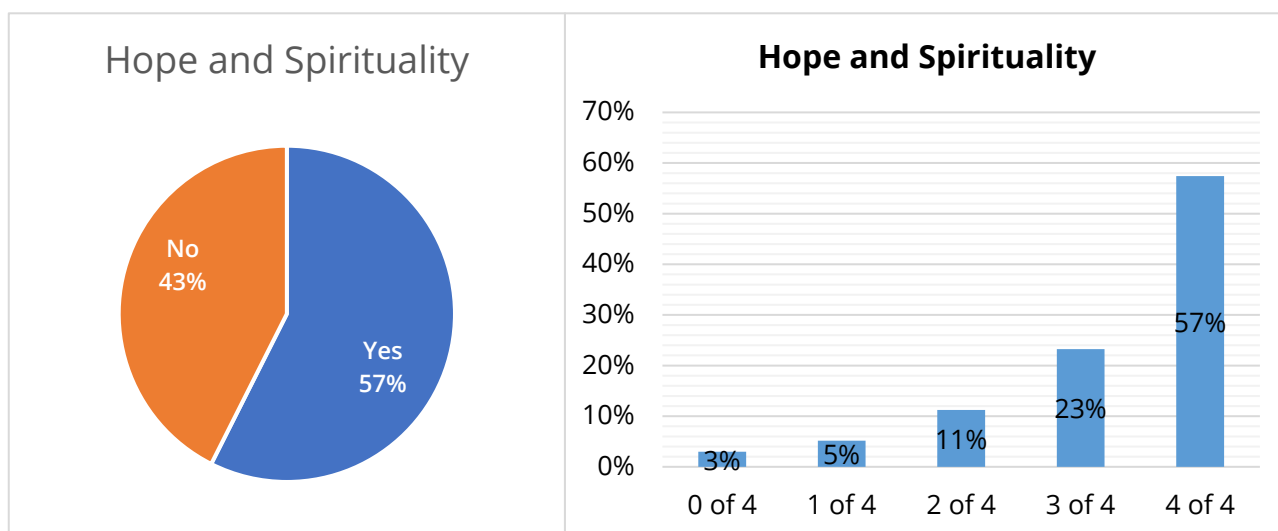
while and to engage with others' experiences is universally appreciated. Scholarship shows that “empathy is considered as a genuine and precious gift that decreases loneliness, binds people together (creating stronger, deeper relationships), and enhances self-esteem, self-worth for both relationship partners and resilience” (Jakovljevic, 2018; Vinayak and Judge, 2018).

If resilience is often considered to be the “ability to return to every-day life after stressful events and to restore emotional balance when exposed to adverse circumstances, [...] feelings of gratitude may also increase feelings of competence and help one to perceive challenging events as learning experiences” (Epstein & Krasner, 2013). Other research (Pinho and Falcone, 2017) has indicated that “empathy and resilience are predictors of interpersonal forgiveness, which involves experiencing emotional, cognitive and behavioral changes of the victim towards the offender”. A study of empathy and resilience among adolescents in India showed that “empathy adds in to psychological well-being because an empathetic individual has positive perception of one’s own self resulting from their empathetic feelings and actions towards others” (Vinayak et al, 2018, p. 195). Tying the findings of this study to the literature, it is evident that empathy, compassion and forgiveness are positive traits that reinforce individual resilience.

4.2.1.3 Hope and spirituality

This indicator assessed respondents’ capacity to remain hopeful during difficult experiences, to avoid despair even in the worst of times. Having faith contributes to hopefulness, in that people who have faith believe that they and their communities are protected; faith sustains their conviction that eventually even the most challenging problems will be resolved. Figure 4 presents the results.

Figure 4: Respondents’ hopefulness and spirituality



My faith provides me with a sense that I and my community are protected (89%)

My faith sustains me in the conviction that eventually, even the most challenging circumstances will be resolved (89%)

I maintain my sense of hope through difficult times (80%)

I do not despair, even when circumstances are very challenging and appear to lead to a dead end (69%)

Hope and spirituality were the third-strongest psychological resilience factor: 57% of respondents declared

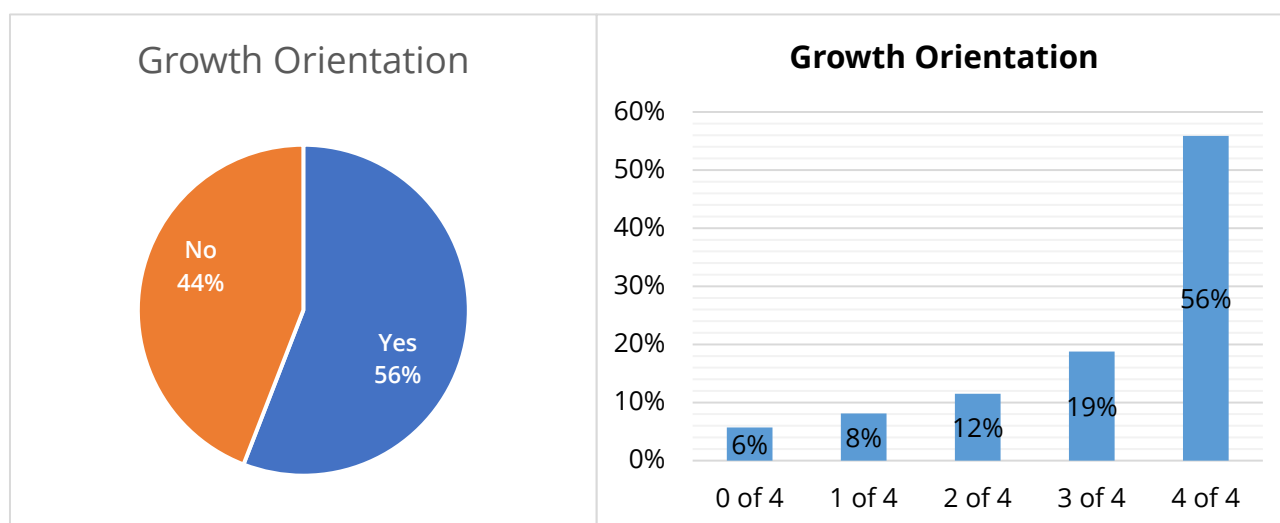
that they possessed all the relevant characteristics. Faith sustained the conviction of almost nine in ten respondents that ultimately even the most difficult challenges will be solved, and their belief that they and their community are protected. However, a significant proportion (up to a third) tended to despair when circumstances appeared to lead them to a dead end. Psychological and pastoral counselling could address this, while community programmes could instil a sense of hope and resistance to despair.

The relationship between hope, spirituality and resilience has been widely documented. According to Dewi and Hamzah, “spirituality and religiosity occupy an important place in human life as motivating and harmonizing forces” (2019, p. 145). Spirituality helps individuals to search for the meaning and purpose of life, and assists them to experience hope, love, inner peace, comfort, and support (Dewi and Hamzah, 2019, p. 145). Research has found that “higher levels of religious faith and spirituality are associated with more adaptive coping responses, higher resilience to stress, a more optimistic life orientation, higher perceived social support, and lower levels of anxiety among recovering individuals” (Are’valoa et al, 2008, p. 114). A recent study in Rwanda, titled ‘Resilience of Rwandans to effects of the genocide against the Tutsi and past divisive politics’ (MINUBUMWE, 2023), showed that religious beliefs and related practices, which are closely associated with spirituality, “have been helping Rwandans to face the shocks of the genocide and other cycles of violence they directly or indirectly went through”. 80.5% of respondents held this view. The same report indicated that “faith in God enabled them to forgive those they would not otherwise forgive. Others managed to ask for forgiveness because they eventually came to understand that by committing the genocide and related crimes they sinned to God and to those they offended. Others turned to God’s help after losing everything they would rely on to withstand the genocide-related shocks” (p. 150). Tying the research literature to the findings of this study, it can be said that spirituality and religiosity build hope, hope, love, inner peace and comfort: these states of mind are major sources of recovery from shocks and build resilience.

4.2.1.4 Growth orientation

This indicator examined whether respondents had a clear concept of the future and were making a consistent effort to bring that future into being. It also assessed whether they were developing their skills for the purpose of achieving future objectives and whether their growth aspirations were compatible and consistent with the wider objectives of the community. See Figure 5.

Figure 5: The degree to which respondents were oriented towards growth



I am putting in consistent effort to make my desired future a reality (82%)

My growth aspirations are compatible and consistent with the wider objectives of the community (79%)

I am developing my skills, so that I can achieve future objectives (76%)

I have a clear concept of the future I am working toward (75%)

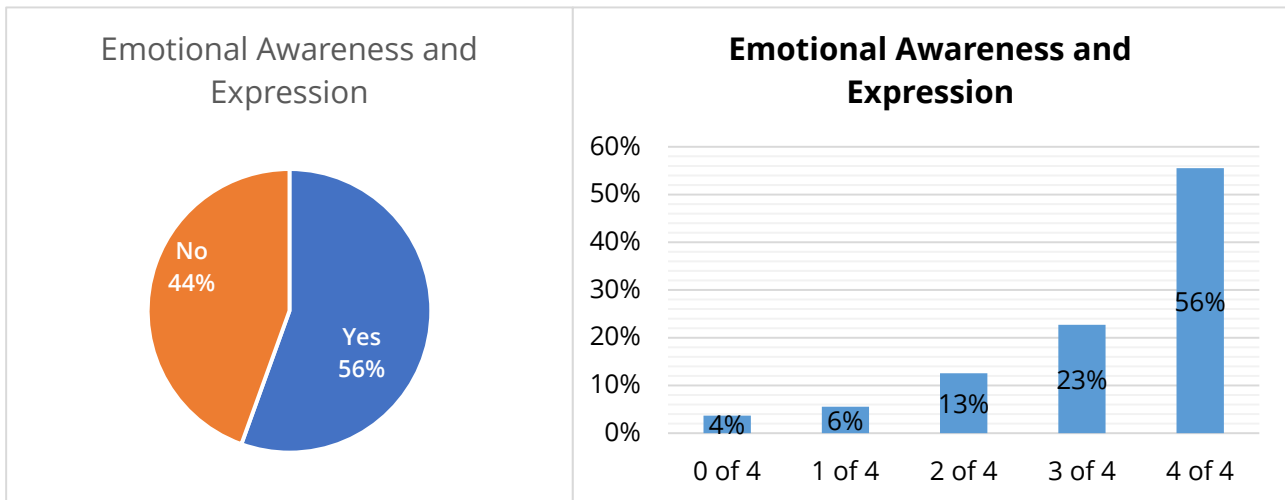
Fifty-six percent (56%) of the respondents declared that they possess all the relevant skills to achieve this attribute, while 44% admitted to a deficit in at least one related skill. The strongest sub-skills were putting in consistent effort to make the desired future a reality (82%), and alignment of personal and community aspirations (79%). A quarter of respondents found it difficult to form a clear idea of the future they are working toward (25%), or to acquire technical/vocational and other skills that would help them achieve their future objectives (24%). Community visioning activities and vocational counselling could help to address these deficits.

A positive vision of the future (growth orientation) can protect people from the risks conferred by past adversities. People who set goals for improving themselves can adapt better to changing conditions and find motivational drive; studies of other contexts have shown that both skills are critical elements of resilience. For instance, Seginer (2008, p. 277) suggested that positive expectations of the future, a core aspect of future orientation, is a key capacity that enables individuals to adapt positively after early life stress. Other researchers have found that a future orientation facilitated positive adaptation in the face of adversity (Cabrera, Auslander and Polgar, 2009; Robbins and Bryan, 2004). Research has also indicated that youth with positive future expectations are likely to apply problem-focused coping skills and to be persistent in pursuing their life goals (Nurmi, 2005). Like optimism, future orientation has been associated with reduced levels of psychopathology and substance use, higher academic achievement, and adaptive abilities among young adults transiting to adulthood from high-risk environments (Afifi and MacMillan, 2011; Benbenishty and Schiff, 2009; Rutter, 2012). Based on the above, it appears that optimism and hope for a better future help to build resilience.

4.2.1.5 Emotional awareness and expression

The study assessed respondents' emotional awareness and expression in terms of their capacity to accept and regulate their own emotions; experience positive emotions (such as love, joy or gratitude) more often than negative ones; cope with challenging emotions (such as sadness, fear or anger) without losing their sense of direction; and reflect on their emotions, understand their unmet needs, and take positive action to meet those needs. See Figure 6.

Figure 6: Respondents' emotional awareness and expression



- I experience positive emotions (e.g., love, joy, gratitude) more frequently than negative emotions (88%)
- I cope with my challenging emotions (e.g., sadness, fear, anger) without losing my sense of direction (78%)
- By reflecting on my emotions, I understand my unmet needs, and then take positive action to address them (78%)
- I have the capacity to accept and regulate my own emotions (77%)

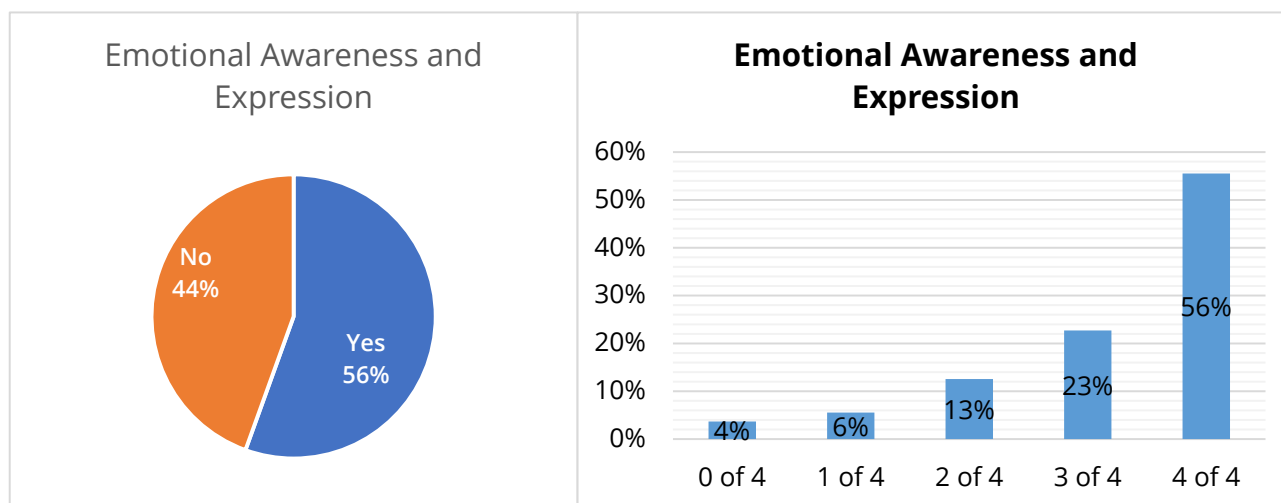
As per the findings of this study, 56% of the respondents declared that they possessed all the relevant skills of emotional awareness and expression; 44% admitted to a deficit in at least one sub-skill. The strongest attribute reported was experiencing positive emotions more frequently than negative emotions (88%). A significant minority of respondents declared that they could not regulate emotion (23%), cope with challenging emotions without losing their sense of direction (22%), or reflect on their emotions to understand unmet needs and take positive action (22%). Collective healing activities that include a component of emotional education, such as resilience-oriented therapy and socio-therapy, could help to resolve these issues.

Simply defined, emotional awareness is “the ability to acknowledge, express, understand, and process emotions” (Boden and Thompson, 2015, p. 407). Because emotional awareness involves “sensing and processing emotion, related benefits include emotion regulation, effective interpersonal functioning, and a decreased risk of stress” (Poole et al, 2017, p. 6). It has been suggested that emotion regulation is a potential resilience mechanism (Zeier, 2019) and is a skill that can help a person to build resilience. In light of the findings in Figure 6, emotional awareness enables people to cope with challenging emotions without losing direction, to consider such emotions, and to take action to manage and regulate them.

4.2.1.6 Critical thinking and decision-making

The study assessed this indicator in terms of respondents' capacity to critically evaluate the challenges their community confronts and to consider different options and alternatives when facing a dilemma. It also considered respondents' capacity to take considered decisions that are compatible with their values and objectives, and to resist manipulation and disinformation without becoming hostile to people who hold a different opinion. See Figure 7.

Figure 7: Respondents' critical thinking and decision-making capacities



- I can resist manipulation and disinformation, without becoming hostile to people who hold a different opinion (88%)
- I make well-considered decisions that are compatible with my values and objectives (87%)
- I consider different options and alternatives when facing a dilemma (74%)
- I critically evaluate the challenges which my community is facing (63%)

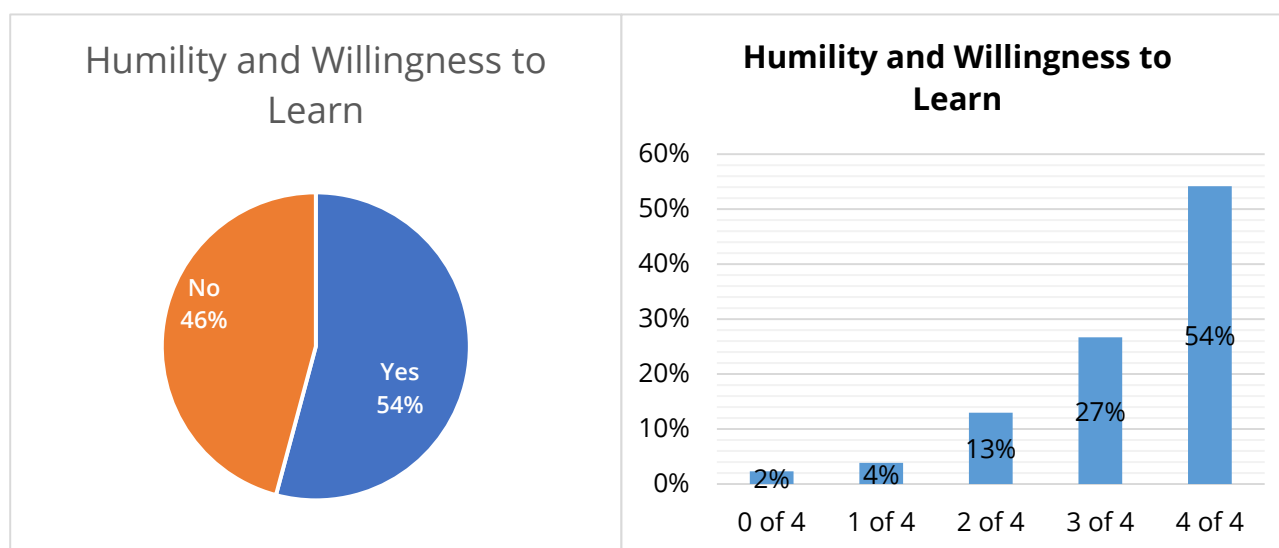
Almost 55% of respondents declared that they have all the sub-skills for critical thinking and decision-making; 45% admitted to a deficit in at least one related sub-skill. A high proportion of respondents declared that they were able to take decisions in line with their values and objectives (87%), and critically resist manipulation and misinformation (88%). A significant proportion of respondents believed they could not critically evaluate challenges the community is facing (37%) or consider different options and alternatives when confronted by a dilemma (26%). In these areas, there is room to improve.

Research has shown that critical thinking and coherent decision-making are linked to resilience. Halpern (2003, p. 6) found that "critical thinking is one of the cognitive abilities that increase the probability of a desirable outcome; the kind of thinking involved in solving problems, formulating inferences, calculating likelihoods, and making decisions". Critical thinking is a problem-solving form of reasoning that enables people to make the right decisions at the right time, and make conscious choices for a successful life. The process of forming an opinion by analysing facts and ideas, and reaching decisions on this basis, promotes self-evaluation. Because this process generates creative ideas and enables people to adjust their ideas as circumstances change, critical thinking helps them to take decisions that are relevant and effective. It contributes to resilience, especially in fragile and sensitive contexts, because it helps people to focus on their strengths, understand themselves, think clearly, and avoid false, negative or constraining beliefs. Leadership training and participation in collaborative livelihood initiatives, could strengthen this skill, based on the findings described in this section 4.2.1.6.

4.2.1.7 Humility and willingness to learn

The study assessed respondents' humility and willingness to learn in terms of their capacity to identify their limitations (in knowledge and competencies), their readiness to learn from others (with more knowledge and experience), their tendency to feel threatened or become defensive when their faults were pointed out, and their capacity to consider their faults as an opportunity to learn something new. See Figure 8.

Figure 8: Respondents' humility and willingness to learn



- I consider insight into my own faults as an opportunity to learn something new (91%)
- I do not feel threatened or defensive when my faults are pointed out (88%)
- I am open to learning from others who are more knowledgeable and experienced (84%)
- I am aware of my own limitations, in terms of knowledge and competencies (64%)

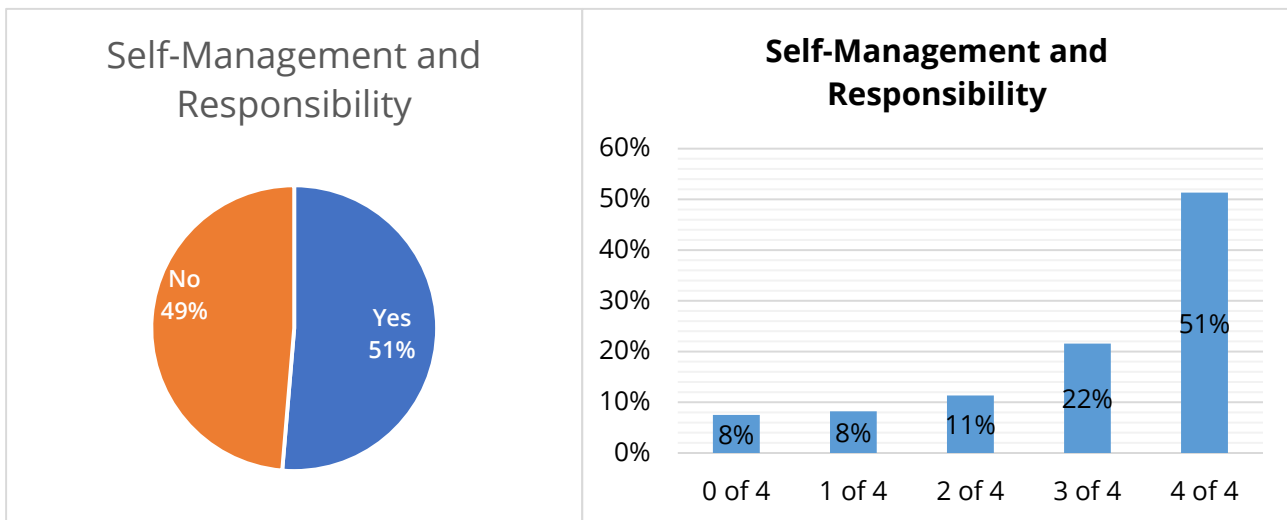
The figure shows that 54% of the respondents declared that they possessed all the relevant characteristics of humility and willingness to learn; 46% admitted to a deficit in at least one sub-skill. On the whole, respondents were very ready to learn from others (84%) and a very large majority (88-91%) were specifically open to learning from their weaknesses. 36% of respondents declared that they were not well aware of the limits of their knowledge and competencies. Training and awareness-raising initiatives (for example in farming or construction) could help people become aware of skills they could acquire through technical and vocational education.

Resilience is the ability to adapt or recover quickly from an adverse event, but it is also present in people who are willing to draw lessons from their struggles, challenges, mistakes and failures. Strategies to encourage experiential learning for resilience can promote a growth mindset, provide support, train people in life skills and coping strategies, encourage perseverance, and emphasise positive self-reflection. Studies that focused on students' resilience have shown that there is a strong link between resilience and commitment to self-directed learning. This correlation suggests that "graduate students who have a positive self-concept, adapt and cope in terms of adversity, and expect to achieve good outcomes" (Glenette, 2013, p. 121).

4.2.1.8 Self-management and responsibility

The study assessed this attribute by asking respondents whether they had well-defined objectives for the future, had prepared a roadmap to achieve them, and pursued them in their daily life; whether they were organised, practical, and had good time management skills; whether they were self-reliant and could carry the burden and challenges of their everyday life; and whether they felt they had a responsibility to contribute to the greater whole, by participating actively in community-wide projects. The answers are presented in Figure 9.

Figure 9: Respondents' capacity to exercise self-management and take responsibility



I feel responsible to contribute to the greater whole, by participating actively in community-wide projects (83%)

I am organised, practical, and have good time management skills (77%)

I have well-defined objectives for the future and a clear roadmap to achieve it, which I pursue in my daily life (76%)

I am self-reliant and can carry the burden and challenges of my everyday life (64%)

As per Figure 9, 51% of the respondents declared that they possessed all the attributes for self-management and responsibility; 49% admitted to a deficit in at least one sub-skill. The highest number of respondents (83%) said that they felt a responsibility to contribute to the greater whole by participating in community-wide projects. More than one third (36%) said that they were not fully self-reliant and were unable to carry the burden and challenges of everyday life. This issue could be ameliorated by psychosocial interventions that promote cultivation of grit, normalise the challenges and adversities of daily life, and help people to deal with their problems patiently and persistently, without losing hope. Chang (2023) has suggested that good self-management is linked to higher resilience scores. People who are able to self-manage are better able to take responsibility for issues in their personal lives and remain effective in their roles at work despite adversity. People who take responsibility ensure that problems are contained, understood and dealt with in a manner that minimises their impact on themselves and others (Chang, 2023).

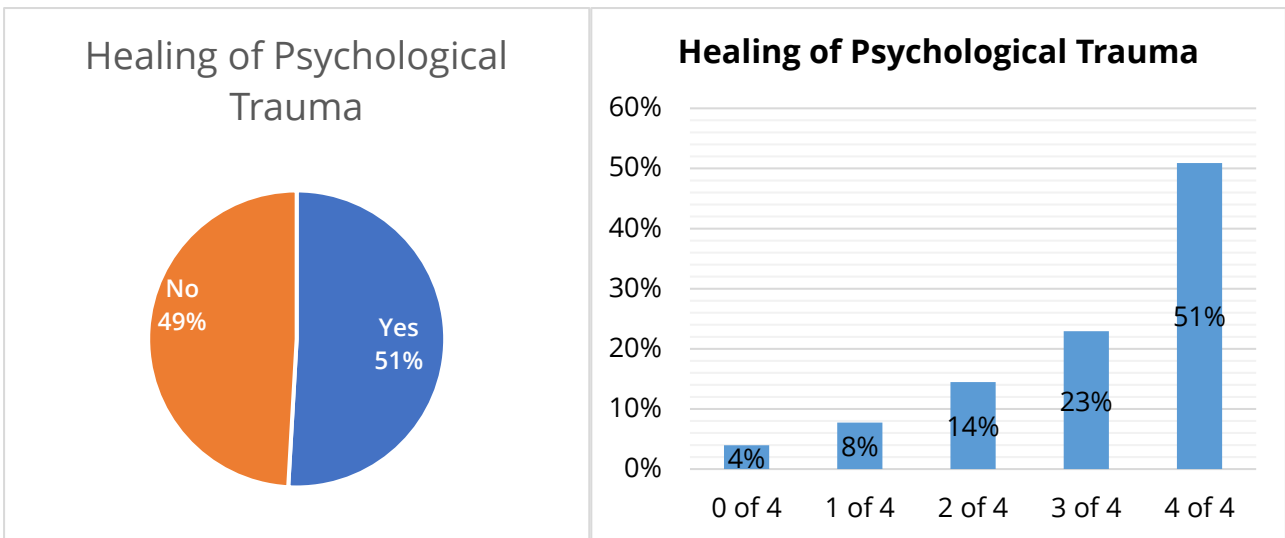
4.2.1.9. Healing of psychological trauma

The study assessed this indicator in terms of respondents' self-assessed capacity to overcome past painful experiences; to cease to avoid people or circumstances associated with painful past events or situations; to seek help when necessary to cope with distress; and restore social relationships without letting past painful experiences become a reason to distrust people in general. The results are presented in Figure 10.



Community-based Sociotherapy healing groups have strengthened unity, reconciliation and resilience

Figure 10: The degree to which respondents are healing their trauma



I build positive relationships, without letting past painful experiences become a reason to distrust people in general (87%)

I seek help when necessary to cope with my distress (79%)

I no longer avoid people or circumstances related to past painful events/situations (75%)

I have the capacity to overcome past painful experiences (68%)

As shown in the Figure10, 51% of the respondents declared that they were healed, or free of psychological trauma; 49% admitted to at least one dimension of vulnerability related to trauma. A high proportion of respondents (87%) stated that they built positive relationships without letting past painful experiences become a reason to distrust people in general. However, a third of respondents (32%) said that they dwelt on past trauma.

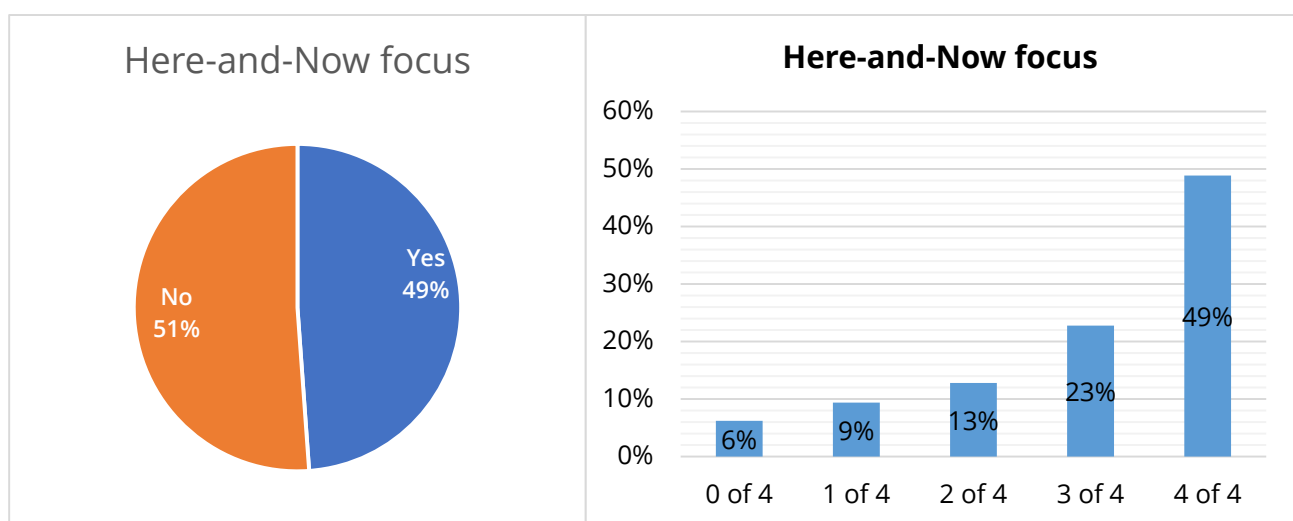
matic experiences, while a quarter (25%) continued to avoid people or circumstances that are associated with traumatic experiences, and a fifth (21%) did not seek help to cope with distress. Research has highlighted the harms to resilience caused by unhealed wounds and painful and traumatic memories. Harms include mental disorder, anger, difficulties in functioning normally, shame, and feelings of stigma (Litz, 2014, p. 2; Behrman, 2012). Research in Rwanda has shown that wounded feelings impede resilience (Otake, 2018) and that strong collaboration between mental health psychosocial support and local resilience could improve mental health and wellbeing in everyday settings, promote social reconnection and mutual support, and achieve other positive outcomes (Verduin, et al, 2014). A more recent study showed that “social determinants of mental distress can more effectively be mitigated through community-based approaches, such as socio-therapy and collaborative livelihoods initiatives” (Lordos et al, 2022, p. 114). The same study indicated that “addressing mental health issues that accompany societal wounds while developing community livelihoods and strengthening local social cohesion could promote resilience and contribute to a more complete recovery” (p. 107).

Additional strategies to deal with trauma might include screening for trauma exposure and symptoms; listening without judgment; offering consistent emotional support; providing practical help; promoting positive parent-child relationships; and providing company during anxiety-provoking events. Therapeutic spaces, such as socio-therapy and resilience-oriented therapy, can also help to heal lingering traumas. Research has shown that it is typically more helpful to listen to trauma survivors and offer them a safe place to talk about their experiences, rather than offer advice or try to solve their problems for them (Hopper et al, 2009; Blodgett, 2013).

4.1.1.10. Here-and-now focus

The study assessed the indicator on a here-and-now focus in terms of respondents’ capacity to focus their attention on resolving immediate challenges; reflect on and draw lessons from the past, without becoming disproportionately absorbed by it; to take action today to secure a better future without getting lost in fantasies about the future; and to be mindful and aware of what is happening in their environment. See Figure 11.

Figure 11: Respondents’ capacity to maintain a here-and-now focus.



I reflect and draw lessons from the past, without becoming absorbed in the past so much that I lose my present focus (81%)
 I take proactive action today for a better future, without getting lost in the fantasy of the future (79%)

I am mindful and aware of what is happening in my environment in any given moment (78%)

I focus most of my attention in dealing with challenges of the present moment (62%)

Only 49% of respondents declared that they possessed all the skills to maintain here-and-now focus; 51% acknowledged a deficit in at least one sub-skill. 38% of respondents said that they were not able to concentrate their attention on dealing with immediate challenges.

The research literature defines resilience as the ability to adapt and bounce back when circumstances become difficult or plans are disrupted. Building resilience is about acquiring the tools we need to handle whatever obstructs our path. Resilient people do not dwell on traumatic experiences and failures, but acknowledge their situation, interrogate their context, learn from their mistakes, focus on their goals, and keep moving forward. Research has shown that resilience is also about returning to a previous level of performance (in other words, recovery) and functioning better (“thriving”) after stressful events (Carver, 1998).

4.1.1.11 Summary of the psychological strengths and difficulties of Rwandan people

Earlier sections of this chapter summarised the key psychological strengths and difficulties that participants identified. Table 11 sets these out schematically.

Table 11: Summary of the psychological strengths and difficulties of Rwandan people

Strengths	Difficulties
Collaboration and negotiation skills	Reduced practical compassion towards people with different wounds
Readiness to forgive	Tendency to despair / lack of grit in very challenging situations
Faith and spirituality	Unclear picture of the future, no related plan to develop skills
Capacity for love, joy, gratitude, and relationships	Difficulty in overcoming past painful experiences
Value-based decision-making	Insufficient critical evaluation of alternatives when making decisions
Ability to resist disinformation	Difficulty in maintaining focus on the present and its challenges
Readiness to learn from mistakes	
Sense of having a responsibility to the greater whole	

Table 11 shows that the strengths of the Rwandan people are primarily social and moral: collaborating with others; developing relationships; feeling a responsibility for the greater whole; being humble enough to learn from mistakes; forgiving; making decisions based on values; being able to tell the difference between right and wrong. These strengths can be leveraged to develop more effective systems of participatory governance, collaborative livelihoods, and community reconciliation. The difficulties are primarily practical and emotional: a tendency to despair in very challenging situations; unclear pictures of the future; a tendency to dwell on the past and an inability to overcome past painful experience; insufficient critical evaluation of alternatives when making decisions. It is clear that more healing is required; but it needs to focus on enhancing personal attributes such as hopefulness, future orientation, a here-and-now focus, and critical analysis of alternatives. Both resilience-oriented therapy and socio-therapy are able to address this list of difficulties.

Table 12: The proportion of respondents who consider that they possess all the attributes of individual resilience, by indicator

Indicator	%
Collaboration and negotiation	72
Empathy, tolerance and forgiveness	61
Hope and spirituality	57
Emotional awareness and expression	56
Growth orientation	56
Critical thinking and decision-making	55
Humility and willingness to learn	54
Self-management and personal responsibility	51
Healing of psychological trauma	51
Here-and-now focus	49

Table 12 shows, for each indicator, the proportion of respondents who declared that they possessed all the attributes of individual resilience. It shows the strengths and relative weaknesses that respondents perceived they have. The lowest percentage was 49%, the highest 72%. The figures are a proxy for attitudes in the population as a whole.

At the pinnacle is collaboration and negotiation: 72% of respondents declared that they possessed these attributes. The high score suggests that Rwanda's people believe they are able to collaborate and negotiate effectively, reflecting strong social cohesion.

Empathy, tolerance, and forgiveness: a solid majority of respondents 61% declared that they are able to understand, accept, and forgive. This implies a society that values compassionate and tolerant interpersonal relationships.

Hope and spirituality: over half of respondents (57%) claimed to be optimistic and to have religious faith. This may signal that there is room to cultivate a more widespread sense of hope and spirituality in the population.

Emotional awareness and expression, growth orientation, and critical thinking and decision-making: over half of respondents (56%) claimed to have emotional intelligence, are adaptable, and can think analytically. This outcome potentially provides a foundation for well-rounded resilience.

The percentages drop for humility and willingness to learn (54%), healing of psychological trauma (51%), self-management and personal responsibility (51%), and here-and-now focus (49%). These scores suggest that well-judged interventions could improve Rwandans' humility, ability to cope with psychological trauma, and capacity to focus on the present moment.

Overall, the analysis reveals a population that is generally resilient and has notable strengths in collaboration, empathy, and certain cognitive skills. There are opportunities to enhance hopefulness, spirituality, humility, and emotional expression, as well as the ability to cope with trauma and stay focused in the present. These insights can inform targeted interventions to bolster specific dimensions of individual resilience in Rwanda.

Table 13: Resilience at individual level disaggregated by district

District	Collaboration and negotiation	Empathy, tolerance, and forgiveness	Hope and spirituality	Humility and willingness to learn	Emotional awareness and expression	Growth orientation	Critical thinking and decision-making	Healing of psychological trauma	Self-management and responsibility	Here-and-now focus
Bugesera	3.7	3.7	3.5	3.7	3.4	3.5	3.7	3.5	3.1	3.2
Gatsibo	3.4	3.1	2.9	2.9	2.8	2.8	2.6	2.6	2.6	2.4
Kayanza	3.3	3.1	3.0	3.0	2.9	2.8	2.7	2.8	2.9	2.6
Kirehe	3.2	3.2	2.7	2.9	2.7	2.5	2.3	2.6	2.9	2.2
Ngoma	3.4	3.3	3.1	3.0	3.0	2.7	2.3	2.8	2.9	2.4
Nyagatare	3.2	3.1	2.9	3.1	2.9	2.8	2.5	2.6	2.8	2.3
Rwamagana	3.7	3.5	3.6	3.6	3.4	3.4	3.5	3.5	3.2	3.3
Gasabo	3.8	3.5	3.6	3.7	3.3	3.5	3.6	3.3	3.3	3.3
Kicukiro	3.8	3.4	3.6	3.6	3.5	3.4	3.5	3.3	3.3	3.4
Nyarugenge	3.8	3.6	3.6	3.8	3.6	3.6	3.6	3.6	3.4	3.5
Burera	3.7	3.7	3.3	3.4	3.3	3.6	3.5	3.4	3.3	3.2
Gakenke	3.9	3.4	3.6	3.8	3.6	3.6	3.7	3.6	3.4	3.6
Gicumbi	3.7	3.4	3.5	3.6	3.4	3.4	3.5	3.4	3.3	3.5
Musanze	3.7	3.7	3.4	3.6	3.5	3.4	3.3	3.6	3.3	3.3
Rulindo	3.8	3.6	3.6	3.7	3.4	3.7	3.6	3.3	3.5	3.5
Gisagara	3.1	3.2	2.9	2.9	2.8	1.9	2.4	2.8	2.1	2.4
Huye	3.7	3.4	3.3	3.3	3.4	2.8	3.1	3.1	2.9	2.9
Kamonyi	3.7	3.5	3.4	3.5	3.1	3.2	3.0	3.2	3.1	3.1
Muhanga	3.4	3.2	3.1	3.2	3.1	3.0	3.0	3.0	2.8	2.9
Nyamagabe	3.7	3.6	3.6	3.3	3.5	3.2	3.3	3.4	3.1	3.1
Nyanza	3.6	3.3	3.2	2.9	3.3	2.5	2.9	3.0	2.5	2.5

District	Collaboration and negotiation	Empathy, tolerance, and forgiveness	Hope and spirituality	Humility and willingness to learn	Emotional awareness and expression	Growth orientation	Critical thinking and decision-making	Healing of psychological trauma	Self-management and responsibility	Here-and-now focus
Nyaruguru	3.6	3.6	3.5	3.2	3.5	3.4	3.4	3.2	3.2	3.3
Ruhango	3.6	3.3	3.3	3.1	3.4	2.7	3.0	3.1	2.7	2.7
Karongi	2.7	2.7	2.5	2.7	2.6	2.6	2.7	2.4	2.4	2.5
Ngororero	3.5	3.1	3.2	3.0	3.0	3.1	2.9	2.8	3.2	3.0
Nyabihu	3.8	3.6	3.4	3.3	3.5	3.6	3.6	3.1	3.6	3.4
Nyamasheke	3.3	3.2	3.0	3.0	2.9	3.1	2.8	2.9	2.6	2.9
Rubavu	3.5	3.2	3.2	3.1	3.2	3.3	3.2	2.9	3.2	3.2
Rusizi	3.5	3.5	3.3	3.2	3.3	3.2	3.0	3.2	2.9	3.2
Rutsiro	3.3	3.0	3.0	3.0	3.0	3.0	3.1	2.8	3.0	2.8
National average scores	3.5	3.4	3.3	3.3	3.2	3.1	3.1	3.1	3.0	3.0

4.1.1.12 Comparison of districts, by indicator

The study also compared the level of resilience by indicator to identify any differences between districts and explain the factors responsible. Table 13 presents the resilience scores by district, on a 0 to 4 scale. The sections after Table 13 discuss important variations in district scores for certain resilience indicators, and list factors that might explain these.

District variances: critical thinking and decision-making

The responses on critical thinking and decision-making varied significantly in certain districts. Bugesera reported the highest average for this indicator (3.7 out of 4), while Kirehe and Ngoma reported the lowest average (2.3 out of 4). The score in Bugesera district can be attributed to the many factors of resilience that emerged during the FGDs. Household resilience in Bugesera is boosted by community mechanisms that tie people together. Participants reported that strong community social networks and peacebuilding initiatives bring people together, regardless of their family background, to provide mutual support, achieve shared objectives, and promote healing. This aligns with research that has found that members of communities with strong social networks are likely to have strong mental health outcomes (Wang et al, 2003). Researchers have also noted that lack of social support can adversely affect health. Although social networks are available in Kirehe district, respondents there reported other challenges that undermined critical thinking and individual decision-making. FGDs in Kirehe said that many members of the community are affected by alcohol addiction, thanks to nearby plantations of bananas, from which a local brew is made. Researchers have shown that, because substance abuse impairs users' mental state, it affects both critical thinking and decision-making (Volkow, 2001).

District variances: growth orientation

Responses on growth orientation showed similarly significant differences between districts. Rulindo reported the highest response (3.7 out of 4) and Gisagara the lowest (1.9 out of 4). The Rulindo score was influenced by several factors. The FGDs at institutional level revealed that transformative leadership caused citizens to adopt a growth-focused mind set. On this indicator, Rulindo district reported 4.3 out of 5, whereas Gisagara reported 4.0. In addition, Rulindo reported a higher score (4.0 out of 5) on the availability of water, mobility and other infrastructures, whereas Gisagara's score was lower for these elements (3.7). On effective justice institutions, Rulindo reported 4.3 out of 5 while Gisagara reported 4.0; and on shared economic institutions Rulindo reported 4.7 out of 5 while Gisagara reported 4.3. In sum, Gisagara scored below, and Rulindo scored above, the average national score on all the above indicators. This explains the variation in their reports on the indicator of growth orientation.

District variances: Here-and-now focus

Responses also varied on the here-and-now focus. Gakenke reported the highest score (3.6 out of 4), and Kirehe the lowest (2.2 out of 4). Numerous factors explain the performance of Gakenke. The FGDs at household, community and institutional level highlighted several factors that increased resilience in this district. For example: people in Gakenke understood the advantages of working together in saving and credit associations to improve the culture of saving; they participated in maintaining their own security and the security of their property; they avoided ethnic divisions that foment conflict; they trusted their leadership; they identified with government programmes. People said that all these factors were a source of strength. In Kirehe, by contrast, people reported that climate change had reduced agricultural production. The district depends heavily on agriculture, especially banana plantations, whose productivity has been depressed by a weevil infestation. People in Kirehe also said that the gender equality principle was the subject of argument, that homicides had

increased, and that wounds from the genocide remained unhealed. Gakenke district also reported a higher score on the indicator willingness to learn.

District variances: humility and willingness to learn

Responses varied on humility and willingness to learn, though to a lesser extent. Gakenke reported the highest score (3.8 out of 4) and Karongi the lowest (2.7). Although the difference in scores on this indicator is not striking, the gap between Gakenke and Karongi is nevertheless significant. It is explained by the factors of positive resilience in Gakenke compared to Karongi. FGD participants said that many children drop out of school in Karongi to harvest tea. This child labour (due to economic pressures) undermines the future of the children affected. Karongi was also said to have poor roads, depressing its development. These burdens are additional to the trauma resulting from the genocide. Gakenke also reported the highest score on the collaboration and negotiation indicator.

District variances: collaboration and negotiation skills

District reports on collaboration and negotiation skills varied. As noted, Gakenke reported the highest score (3.9 out of 4) and Karongi the lowest (2.7). Fewer people from Karongi reported that they had the ability to listen with undivided attention when others are speaking, express themselves confidently and authentically, work well with others in a team to deal with a challenge, or find common ground with others by considering different approaches when disagreements occur. The gap can be explained by the factors of fragility that emerged in this district. They included the unhealed wounds of genocide, which was reported to undermine mental capacity; and poverty, which made people worry and undermines their confidence. Although many of these challenges were shared by all districts, some districts were more vulnerable than others (see the district scores listed in Tables 14, 15 and 16).

4.2.2 The state of resilience at household level

It was noted earlier that the study used FGDs to assess resilience at household, community and institution level. (Indicators at individual level were calculated using a self-assessment questionnaire.) At household level, eight indicators were assessed: responsive and authoritative parenting; gender equality within the household; intergenerational partnership within the household; value-based family conversations; mechanisms to resolve family conflicts; entrepreneurial mindset; access to sources of livelihood; and connections with other families.

Table 14 presents averaged reports of household-level resilience in Rwanda, disaggregated by district and rank-ordered from the highest-scoring to the lowest-scoring indicator.

In the sections that follow we summarise key statistical points on each indicator, as well as qualitative insights from the FGDs on sources of resilience or fragility. The study assessed the indicators in terms of the extent to which participants agreed with pre-elaborated statements on each indicator. Participants were subsequently asked to explain their views and to identify the sources of resilience on which they had based their score. The sources of resilience were enumerated and further explained. Annex 5 describes the sources of resilience, by indicator, that participants reported. Additionally, respondents were asked to identify factors, by indicator, that they believed reduced their resilience. These factors are described in Annex 6. The sections that follow review each indicator holistically, discuss the average scores in each district, and list sources of resilience and sources of fragility.

It is important to note that study participants identified all the sources of resilience and all the sources of fragility listed under each indicator. Predictably, in every case, some participants commended policies and programmes to boost resilience, while others criticised the same policies and programmes. It is not a surprise that the positions and opinions people adopted depended on their situation and experience. For example, in some places participants said that access to electricity was a source of resilience, whereas in others participants reported that lack of electricity was a source of fragility. Infrastructure was a source of resilience in urban settings because it was available, but a source of fragility in rural areas because it was not. The result is that some factors were sources of resilience and sources of fragility at the same time.

4.2.2.1. Connection with other families

The study assessed the connections between families. It asked whether families in the community lived in harmony, engaged in shared social and cultural activities, and collaborated economically. The average score



Ndi Umunyarwanda Programme has strengthened unity, reconciliation and resilience

across all districts was 4.24 out of 5, the highest national average among the household-level indicators. For this indicator, the highest average score was 4.7 and the lowest was 4.0.

Sources of resilience

Connections with other families enhance household resilience in Rwanda. The *Ndi Umunyarwanda* ('I am

Rwandan³ programme fosters harmony and promotes shared values. Social networks, evident in communal events such as weddings and burials, strengthen bonds and create a supportive environment. Credit and saving schemes yield financial gains but also forge community ties, because joint initiatives promote collective well-being. Neighbourhood self-help programmes establish a network of assistance and provide mutual aid in challenging times. Each of these sources of resilience depend on communal connections at household level; shared values, cooperative financial endeavours, and collective support systems strengthen overall resilience.

Sources of fragility

Sources of household fragility in relation to this indicator include capitalism, which has made people self-centric and reluctant to collaborate economically with others; poverty, which restricts the ability of people to help one another; and social class, which encourages families to interact mainly with people of the same social class. Other factors identified included the indifference, selfishness and anti-social attitudes of some family members; pressure of time for those who worked long hours; and family land disputes.

Recommended actions

To alleviate household fragilities due to mistrust within families, it is imperative to address the sources of mistrust. This can be achieved by creating vibrant socioeconomic interactions that respond to the needs of families while creating shared spaces. Targeted interventions that empower families economically, and enable them to extend support to others, can reduce poverty and strengthen social bonds. Awareness campaigns that emphasise the importance of communal bonds can help to reduce indifference and curb anti-social attitudes. Mediation can resolve land disputes and help family members to meet without reserve. Initiatives that address each of these problems directly can bring into being a more resilient and interconnected household environment.

4.2.2.2. Value-based family conversations

The study asked whether families hold value-based family conversations, recognising that the extent to which families discuss the history of their community or current affairs, in ways that transmit values in an objective and constructive way, is relevant to the study's aims. The average scores on this indicator were 4.0 out of 5 across all the 30 districts. Rural districts, such as Gatsibo, Nyabihu, Ruhango, Gisagara, Nyagatare and Nyabihu, reported higher scores (on average 4.3) than urban districts such as Kicukiro (3.0), Nyarugenge (3.0) and Gasabo (3.3).



Value-based conversations between children and their parents/guardians have enhanced unity, tolerance and peaceful coexistence with others

3 *Ndi Umunyarwanda* is a Rwandan national program initiated in 2013 that aims to foster unity, reconciliation, and healing among Rwandans after the genocide against the Tutsi. The program encourages Rwandans to embrace their identity as Rwandans first, beyond ethnic divisions, and to engage in open dialogue about the country's history, including the genocide, in order to promote understanding and reconciliation.

Sources of resilience

In broad terms, the study found that families do discuss the history of their community or current affairs in ways that transmit values in an objective and constructive way. Participants said that in conversations with their children they emphasised national values such as unity, tolerance and peaceful coexistence with others; and that events like the national commemoration of the 1994 genocide against the Tutsi offer opportunities to discuss Rwanda's history as well as the destructive nature of divisive identities.

Sources of fragility

The study identified several fragilities with respect to the value-based family conversations indicator, even though the average score was high. First, participants revealed that some parents are too busy to spend time with their children. Where this happens, it tends to create a wide gulf between parents and children, and some children, unable to cope, become depressed. The problems that participants mentioned most often were drug abuse among young people and early pregnancies. Such situations tend to deprive affected children of opportunities to learn about their family history and acquire relevant cultural and moral values from their parents.

In the same vein, participants said that, in some families, parents are unwilling to discuss their own or the family's history with their children because they feel ashamed. This was especially true of parents who took part in the genocide. Some survivor parents were also deterred from talking about their experiences with their children because doing so awakened the psychological wounds they carry from that time. A different source of fragility mentioned was the indifference of some young people to the history of their community or country. Some parents said that they needed to talk about their past experiences to their children, and their lack of interest felt hurtful. Many young people are more interested in acquiring income and skills. The quotation below is from an FGD.

A significant number of young people have no interest in the country's past which is worrisome for the future of this country. They are busy in social media and soccer matches played in the western world, especially Spain and England. This should be a concern to our leaders because a generation which does not have any interest in its history may find it difficult to forge a good future for the country. (FGD, Nyanza district, 22 February 2023.)

This quote ties well to a Kinyarwanda saying: *Izijya gucika zihera mu ruhongore* (literally "When the herd is about to perish, the calves are what matter"). A final source of fragility that participants mentioned is juvenile delinquency: they believed that it stops young people from listening to their parents and inhibits family dialogue. Some participants noted that some parents know very little about their own or their family's history and cannot pass useful information to their children.

Recommended actions

To mitigate these factors of fragility, interventions should prioritise time management for parents. This can be done through programmes that promote intra-family dialogue, and address alienation and other causes of youth depression, drug abuse, and early pregnancy. Parents, especially parents who have had traumatic experiences, need safe spaces in which they can share their past more comfortably, deepen understanding, and break the intergenerational transmission of trauma. To encourage children to be curious about their cultural and family backgrounds, families should be encouraged to teach their children Rwandan values. Initiatives that strengthen intergenerational communication should be made more widely available.

4.2.2.3. Mechanisms to resolve family conflicts

With respect to mechanisms to resolve family conflicts, the study asked participants to say how often families in the community peacefully resolved conflicts between family members, by their own efforts or with the support of conflict resolution mechanisms. Across all districts, the average score on this indicator was 3.9 out of 5. No significant differences were observed, with the exception of Rutsiro (3.3).

Sources of resilience

It emerged that families resolve family conflicts in several ways. Participants said that *Inshuti z'umuryango* (friends of family) was a key mechanism for conflict prevention and child protection at family level. For example, an FGD participant in Nyaruguru district observed:

Mechanisms, among them *Inshuti z'umuryango*, play a key role in resolving conflicts. Since these are people that live with us in the same neighborhood, they know what is happening in families. They advise us on how to avoid conflicts and even mediate those that start. Their role in sensitising parents to protect the rights of their children is incredible. We now know better that families that are always in conflict do not develop. (FGD, 16 February 2023.)

It was reported that local leaders also made family visits to monitor unresolved conflicts in families. Religious leaders, too, are involved in settling disputes, particularly among members of their congregation. Family elders and friends are also sources of resilience. Finally, family dialogues mitigate misunderstandings and conflicts in families.

Sources of fragility

With respect to fragilities, participants reported that people often failed to speak up about violence against women, and that some men were reluctant to talk about abuse by their wives. The reluctance of men to report conflicts sometimes leads to cases of homicide when one of the parties is no longer able to cope. Participants also noted that some conflict resolution mechanisms do not resolve family disputes because the family is unable to pay for their services. For instance, a participant in an FGD in Nyarugenge district raised this problem in connection with *abunzi* (members of mediation committees):

Abunzi play an important role in resolving conflicts in a timely manner. They constitute a key component in our communities. I think it can even be difficult to estimate their contribution in monetary terms. However, they are losing motivation because they spend their time helping citizens, put aside their own work, but are not compensated for that. The government should clearly examine this and come up with a financial token of appreciation. (FGD, 28 February 2023.)

Some local conflict resolution mechanisms, such as the *Inshuti z'umuryango*, were reported to lack the technical capacity to properly resolve conflicts – a problem exacerbated by the tendency of some parties to under-



Inshuti z'Umuryango helps to solve intra and extra-family conflicts

mine their decisions. As a result, families were reported to bypass such mechanisms and take their cases to local government organs, including cell and sector offices.

Recommended actions

Conflict resolution mechanisms could be strengthened by recognising that the *abunzi*, in particular, invest considerable time in community activities, for which they should be recompensed. Conflict prevention mechanisms to address spousal violence need to be rebooted, including *Inshuti z'umuryango* and *Umugoroba w'imiryango* (community discussions). Men and women should be encouraged to report abuses against either gender.

4.2.2.4. Responsive and authoritative parenting

The study evaluated the extent to which parents parented their children well, by catering for their basic needs and providing firm and peaceful guidance. Across all districts, the average score for this indicator was 3.9 out of 5. Although the study did not set out to compare districts' performance, rural districts performed better in this area than urban ones. Districts such as Musanze, Gicumbi, Rwamagana and Huye reported high scores, in contrast to Nyarugenge, Gasabo and Kicukiro, which scored poorly.

Sources of resilience

The household resilience reports (see Annex 5) appear to show that most parents take care of their children and protect their basic rights where they can. The participants said that this was attributable to responsible leadership which has sensitised them on child rights. Many respondents mentioned the right to education, and the government's policy to provide a place in school for every child. Parents also appreciated the government's universal primary and secondary education policies, its school feeding programmes, and its control mechanisms that ensure parents enrol their children in school and hold to account those that do not.

Participants stated that government policies for eradicating malnutrition are a source of resilience. They reported that parents had been made aware of malnutrition and stunting, and the importance of feeding their children well. Initiatives included kitchen gardens; government-supported community feeding centres for children who show symptoms of malnutrition and stunting; free *shisha kibondo* programmes that teach mothers how to prepare nutritious food for their children; and early childhood development (ECD) centres. Participants also reported that initiatives to help parents build rapport with their children had helped to build resilience. The authorities responsible for child rights encourage parents to discipline their children in a friendly manner without causing physical harm and discourage corporal punishment; parents who physically harm their children in the name of disciplining them are subject to prosecution. Participants observed that children have become aware of their rights and may report anyone who abuses or physically harms them.

Another factor that supported responsive parenting was the deepening partnership between teachers and parents. Participants said that, compared with the past, parents understand the benefits of following up their children at school, and invite schools to keep them informed of their children's performance and discipline. Participants believed that, if parenting responsibilities were left to either teachers or parents, gaps formed in children's discipline and performance at home and at school. They praised schools that encouraged partnership and urged parents to be responsive.

Parents' level of education was another source of resilience. Educational attainment is linked to responsive parenting, including respect for children's rights. Participants noted that their educational attainment not only

enabled them to provide for their children but also meant that they appreciated children's rights; by contrast, uneducated parents may not do so.

The participants suggested that the government's social protection schemes also helped parents to be responsible. For instance, the right to medical care is facilitated by the *Mutuelle de Santé* (a community health insurance scheme). Because the government has made it possible to access medical care with very little effort, even parents who might have neglected their child's right to care have no excuse not to use the service. Participants also spoke positively about subsidised antenatal visits to pregnant mothers and vaccination programmes.

Sources of fragility

Participants observed that some irresponsible parents continue to ignore their parental obligations. Their view was that such behaviour is explained by alcoholism and domestic conflicts between parents. These affect children's material needs but also their psychological health and their future as responsible citizens, since the parents set them a bad example. In addition, they said that some parents have no time for their children: they invest so much time on earning money that they forget to play with and talk to their children. They believed that male parents were particularly likely to show such behaviour; they left childcare to the mother and focused only on the family's livelihood. In the worst cases, both parents were busy and transferred parenting obligations to house helps and older children. The participants recognised that poverty was another source of fragility. Some parents simply lacked the means to satisfy their children's basic needs. Other sources of fragility mentioned were child labour (still common in some locations), and misbehaviour by children who have misunderstood their rights.

Recommended actions

To mitigate problems associated with parenting, the participants suggested that vulnerable families should receive psychosocial and economic support and other targeted interventions to tackle alcoholism and domestic conflicts. Awareness programmes would help parents to make time to play and support their children. To bring their children up well, parents need to acquire effective communication skills and appropriate disciplinary strategies, which can be delivered, for example, by *Umugoroba w'imiryango* (community discussions) and *Inteko z'Abaturage* (community meetings). Information campaigns on the rights and obligations of parents and children would support the above strategies.

4.2.2.5. Gender equality in the household

With respect to this indicator, the study assessed the degree to which spouses on one hand, and boys and girls on the other, respect and honour each other, enjoy equal rights in the community, have the same opportunities, and share household responsibilities equally. Across all districts, the average score reported for this indicator was 3.7 out of 5.

Sources of resilience

With respect to this indicator, at household level the main source of resilience was reported to be good government policies that promoted positive gender attitudes. Participants highlighted that consistent government initiatives on gender equality and its benefits have significantly influenced public attitudes. According to one participant in an FGD in Gisagara district:

Peoples' mindsets are changing. In the past women had their own roles and men had theirs. This was not good for family development. Women did almost every domestic chore while their husbands were in bars. Now this is changing and now men can cook for children especially when their wives are not at home. Boys also now know that they have to work together with their sisters. Sensitisation on gender equity has been key in changing these attitudes. National and local leaderships play a key role in promoting positive attitudes on gender equality. (FGD, 16 February 2023.)

Participants also praised legal frameworks that promote gender equality. For instance, they regularly mentioned the right to inheritance, under which boys and girls have an equal right to inherit from their parents and legally married spouses have an equal right to own property. These principles are supported by strict laws that punish violence against women, and programmes that support the education of girls. In this regard, participants commended initiatives, such as the *Imbuto* Foundation, that promote gender equality and, indirectly, resilience.

Sources of fragility

Participants identified several sources of fragility with respect to gender equality. Challenges include (but are not limited to): misinterpretations of the principle of gender equality; unequal treatment (some families value sons more than daughters); and economic dependency of women on their husbands. A participant in an FGD in Rulindo district criticised misreadings of gender equality in the following terms:

Many people think that gender equality is about women turning against their husbands and dominating them. This misunderstanding is destroying families. Some women decided to spend most of their evenings in bars and neglect their traditional responsibilities in their families. Efforts should be made to clarify what gender equality means, and where associated rights start and end. If this is not done, we are likely to have a society with decreasing values and dislocated families. (FGD, 19 February 2023.)

Some participants complained that some women use what they called “women’s rights” to intimidate their husbands, threatening to report them to the police if they dared to question how their wives should behave. They also said that women who earned more than their husbands tended to disrespect them, leading to domestic conflicts. These attitudes, they believed, posed a risk not just to the couples in question but to all family members. Despite the government’s efforts to promote gender equality, participants said that some women still lacked the confidence to claim their rights and challenge male privilege. In addition, some men do not accept gender equality or the changes it brings, and want to retain control over the family, especially on economic matters.

Recommended actions

Targeted awareness campaigns could dispel misconceptions of gender equality, and emphasise its collaborative nature and the importance of sharing responsibilities. More community-based initiatives that empower women economically would promote mutual respect and collaboration within households. Counselling services can help to address unequal power dynamics and conflicts that arise from economic disparities between spouses. Government policies and mechanisms that promote gender equality, foster women's confidence, and widen their access to opportunities, should be reinforced.

4.2.2.6. Access to sources of livelihood

The study assumed that good living conditions help to build household resilience and asked families whether they have access to the physical, natural, social and financial capital, and opportunities to learn new skills, that they require to implement livelihood initiatives. Across all districts, the average score reported for this factor was 3.7 out of 5. The districts of Rubavu and Nyarugenge scored lower than the average (3.3). The sections below, that describe sources of resilience and fragility in more detail, shed more light on this difference.

Sources of resilience

With respect to this indicator, sources of resilience that participants identified included several government-led programmes of social protection, such as: the Vision 2020 *Umurenge* programmes (VUP), that have created jobs for the poor; the One Cow Per Family programme (*Girinka*); and initiatives of the Rwanda Agriculture Board (RAB) to subsidise fertilisers and improve the quality of seeds provided to farmers. Participants also noted that the *Mutuelle de Santé* (a community-based health insurance programme) had contributed significantly to resilience at family level. Participants believed that the government has also improved livelihoods by building roads and providing electricity and other backbone infrastructures that make it easier to start small businesses (such as milling plants, hair salons and welding workshops). These infrastructures have facilitated business and income generation activities, which in turn have improved household livelihoods and strengthened household resilience.

Sources of fragility

The main fragilities identified were factors that limited families' access to physical, natural, social or financial capital, or opportunities to learn new skills. Participants also said that basic infrastructures were insufficient in some rural areas, and that as a result some families were unable to start businesses and lacked adequate livelihoods. Other criticisms were that high levels of unemployment limited saving and investment; that some vulnerable people misused government assistance; and that some people were so dependent on social protection programmes that they lacked the initiative to start businesses of their own. Participants reported that efforts to start small businesses and improve family livelihoods were hindered by the tough conditions imposed by lenders, so that it remained difficult for ordinary citizens to undertake income generating activities.

Recommended actions

With respect to sources of livelihoods, participants recommended investment in infrastructure, particularly in rural areas, because this creates the conditions required for business growth. They believed that targeted employment programmes should be promoted: these would reduce unemployment and enable families to save and invest in their livelihoods. They recommended enhancing financial literacy programs, both to prevent misuse of government assistance and promote responsible financial management. Diversifying sources of income would increase self-reliance, by reducing dependency on social protection programmes and encouraging people to graduate out of them.

4.2.2.7. Intergenerational partnerships in the household

The quality of intergenerational partnerships in households was assessed by asking how the young and the old work together to meet household needs and advance their development. Across all districts, the average score reported for this indicator was 3.7 out of 5.

Sources of resilience

With respect to this indicator, participants mentioned several sources of resilience, including community forums such as *Umugoroba w'imiryango* (community discussions), and *Umuganda* (community work), where the history of Rwanda is discussed. They underlined that these gatherings have helped parents to understand that they should discuss history and share ideas with their children. They reported that such initiatives have not only broken down the impregnable wall that existed between people of different generations but promoted cooperation and material support between children and parents. Cultural values that oblige children to support their elderly parents are encouraged, and legal frameworks affirm such conduct. For instance, article 255 paragraph 2 of law n° 32/2016 of 28/08/2016 governing persons and family states that “a child must honor his/her parents, respect them and cater for them if they are in need”.

Sources of fragility

Participants also identified several sources of fragility with respect to intergenerational partnerships in the household. They included: generational conflicts where the younger generation consider the advice of their parents to be irrelevant and outdated; and the younger generation's reluctance to work. Participants reported that some young people only want to spend time on social media or with their peers, and that this affects household resilience because they do not collaborate in efforts to tackle the family's problems or meet its needs. Some noted that conflicts between children and parents over property weaken resilience; this problem is most common among children who have dropped out of school and depend entirely on their parents because they have no income of their own to live on.

Recommended actions

To promote intergenerational partnership within households, participants considered that it is important to initiate communication programmes that increase the participation of young people in family decision-making, and foster inter-generational understanding. Awareness campaigns that emphasise children's financial independence and responsibility, and discourage dependency on their parents, can help to prevent conflicts. Mentorship programs that connect older and younger generations and promote collaboration and mutual learning would also be helpful. Family-based campaigns on responsible use of new technologies will help to balance use of social media and meaningful interpersonal relationships.

4.2.2.8. Entrepreneurial mindset

When assessing the presence of an entrepreneurial mindset at household level, the study asked participants to what extent families create innovative projects to better their situation and achieve economic resilience and food security. Across all districts, this indicator scored 3.7 out of 5. Gisagara district reported a very high score (4.7) while Burera and Karongi districts reported lower scores (3.0).

Sources of resilience

Participants reported that families do create innovative projects to improve their economic resilience and food security. They indicated that entrepreneurial initiatives at family level were encouraged by central and local leadership. Incentives, such as the Business Development Fund (BDF), also provide access to start-up capital as expounded below.

People are now active with business initiatives, unlike in the past. Benefiting from sustained government sensitisation, community members, including women, are into small businesses. Those who have ideas are supported by the government and their loans are guaranteed to enable them to improve the living conditions of their families. In the past, BDF was only for people in cities but it now has offices across all the districts, and every year calls for applications for funding are publicised and development projects funded. (FGD, 20 February 2023.)

In addition, private organisations provide free training to people who propose innovative ideas. Participants also reported that young people are now willing to accept small jobs that are considered inferior to their level of education.

Other sources of resilience were mentioned. They included household-based performance contracts, a saving culture, and cooperatives, which have been promoted for three decades by the government and its partners. Participants said that *Ikayi y'imihigo y'umuryango* (a notebook for planning and monitoring delivery of household performance contracts)⁴ had motivated citizens to take initiatives that improve family livelihoods. They reported that government officials had encouraged them to spend wisely and save for the future, and that cooperatives have enabled people to combine their efforts to generate new income that has improved the household economy.

Sources of fragility

Participants identified several factors that hinder resilience. They included: poverty, which prevented some families from achieving their development goals; limited access to startup capital, mainly due to the strict conditions imposed by finance institutions; mismanagement by some saving and credit schemes (*Ibimina*); lack of skills, which hindered the generation of innovative projects; and high taxes, which stunted the growth of small businesses. With respect to taxes, President Kagame recently made the same complaint: on 9 January 2023, he “tasked relevant authorities to review taxes so that ordinary people and businesses are not overstrained”.⁵ Following this call, three laws on taxation made substantive changes in favour of taxpayers.⁶ They were law n° 049/2023 of 05/09/2023 establishing value added tax; law n° 050/2023 of 05/09/2023 establishing excise duty; and law n° 051/2023 of 05/09/2023 amending law n° 027/2022 of 20/10/2022 establishing income taxes.

Recommended actions

With respect to this indicator, participants recommended that programmes should be developed to strengthen project formulation and management skills; new arrangements should ease access to start-up capital to help cultivate a culture of business; cooperatives should be monitored and evaluated regularly to curb mismanage-

4 This tool, introduced by the Ministry of Local Government as part of the *Imihigo* (performance contracts) framework, helps households to plan, implement, and evaluate household-level performance commitments.

5 <https://www.newtimes.co.rw/article/4168/news/business/business-owners-welcome-president-kagames-call-on-easing-taxes>.

6 https://www.rra.gov.rw/fileadmin/user_upload/LAW_ESTABLISHING_THE_EXCISE_DUTY.pdf.

Table 15. Resilience at community level, disaggregated by district

Indicators	Average score by district																				National Average										
	Burera	Gakenke	Gicumbi	Musanze	Rulindo	Gasabo	Kicukiro	Nyarugenge	Gisagara	Huye	Kamonyi	Muhanga	Nyamagabe	Nyanza	Nyiruguru	Ruhango	Bugesera	Gatsibo	Kayanza	Kirehe		Ngoma	Nyagatare	Rwamagana	Karongi	Ngororero	Nyabihu	Nyamasheke	Rusizi	Rutsiro	Rubavu
Shared sense of national identity	4.7	4.3	4.7	4.7	4.7	4.7	4.7	4.7	4.3	4.7	4.7	4.7	4.7	4.7	4.7	4.7	5.0	4.7	4.7	4.7	4.7	4.7	4.7	4.7	4.3	4.7	4.7	5.0	4.3	4.7	4.6
Solidarity among community members	4.0	4.7	4.0	4.3	4.7	4.3	4.7	4.3	4.3	4.3	4.0	4.0	4.3	4.7	4.0	4.3	4.3	4.7	4.3	4.7	4.3	4.0	4.7	4.0	4.7	4.7	4.3	4.7	4.3	4.3	4.4
Shared vision of the future	4.3	4.7	4.7	4.7	4.3	4.3	4.3	4.3	4.3	4.3	4.0	4.7	4.3	4.3	4.0	4.7	4.7	4.7	4.3	4.7	4.7	4.3	4.7	4.7	4.7	4.3	4.7	4.3	4.3	4.3	4.4
Engagement in shared everyday community activities	4.0	4.0	4.3	4.3	4.7	4.7	4.3	4.0	4.3	4.3	4.3	4.7	3.7	3.7	4.7	4.7	4.7	4.7	4.3	4.3	4.0	4.3	4.3	4.3	4.7	4.3	4.3	4.3	4.0	4.0	4.3
Integration of persons from different socio-demographic backgrounds	4.0	4.3	4.0	4.3	4.3	4.7	4.3	4.3	4.0	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.3	4.0	4.3	4.3	4.3	4.7	4.0	4.7	4.0	4.3	4.0	4.3
Healing of divisions and conflicts	4.0	4.0	4.3	3.7	4.0	4.0	4.0	4.0	3.7	4.0	4.0	4.0	4.0	4.0	4.7	4.0	3.7	4.3	3.7	4.0	4.0	4.3	4.0	4.0	4.3	4.0	4.7	4.7	4.0	4.0	4.1
Participatory decision-making	3.7	4.0	4.0	4.0	4.3	4.0	4.0	3.7	4.3	4.0	4.3	4.3	4.0	4.0	4.0	3.7	4.3	4.0	4.0	4.0	4.0	4.3	4.3	4.3	4.0	3.7	4.0	4.3	3.7	4.3	4.0

ment; the formation of new forms of cooperation and saving and credit schemes should be encouraged; and families should be made aware of changes in taxation laws, and falls in tax, to encourage entrepreneurship.

4.2.3 Resilience at community level

Community resilience was assessed based on seven community-level indicators: (1) a shared vision of the future; (2) engagement in shared everyday community activities; (3) healing (resolution) of divisions and conflicts; (4) integration of persons from different socio-demographic backgrounds; (5) participatory decision-making; (6) solidarity among community members; and (7) a shared sense of national identity. Table 15 lists the scores of these indicators by district and averages the national scores in the last column. Indicators are rank-ordered based on average national scores.

4.2.3.1. Shared sense of national identity

To assess the degree to which communities share a vision of national identity, the study asked community members how they feel about themselves, and their identities as Rwandans. Across all districts, the average score for this indicator was 4.6 out of 5. Bugesera and Rusizi reported a score of 5 out of 5. Gakenke, Gisagara, Ngororero and Rutsiro reported a score of 4.3.

Sources of resilience

Community members replied that, above all, they feel they are Rwandan, although they recognised that they have other identities (ethnic, regional, family origin, religious...). They attributed this to the country's good leadership, which abolished ethnic divisions. A FGD in Ruhango district emphasised that having a common identity made communities resilient:

People who are not united cannot achieve anything. This explains the efforts by our government to instil the sense of Rwandanness in all of us. I was here before the genocide, and I can attest to the consequences that accompanied the ethnic-labelled identity cards we used to carry. Before these documents served as death warrants to the Tutsi during the genocide, they served as certificates of denial to access education and other opportunities for the Tutsi and Hutu from unfavoured regions. I can also attest that today's government eliminated all those labels: people access services and opportunities on the basis of merit, which helps to strengthen our resilience. (FGD, 19 February 2023.)

Participants reported that their sense of common identity was reinforced by national unity and reconciliation initiatives, the *Ndi Umunyarwanda* ('I am Rwandan') programme, and credit and saving associations, which bring people together to support each other financially.

Sources of fragility

Participants listed several factors that impede people from identifying completely as Rwandans. One was the persistence of ethnic identity, especially among the older generation. Another was a tendency to suggest that Kinyarwanda was the language of uneducated people. Some Rwandans were also relatively unpatriotic: in sports, for example, some people were unconcerned when national sports teams lost to foreign teams. The persistence of genocide ideology in some families, which can be seen especially during commemoration ceremonies, also weakens national identity.

Recommended actions

To promote a shared sense of national identity, participants recommended that efforts to promote the inclusive national identity *ubunyarwanda* should be pursued; the Kinyarwanda language should be preserved and promoted; campaigns to combat identity stereotypes should be enlarged; more effort should be made to instil patriotism through informal and formal education; and programmes to counter persistent genocide ideology should be strengthened.

4.2.3.2. Solidarity among community members

The study evaluated solidarity among community members by asking how community members, institutions and partners showed solidarity to other community members that experience social, economic, or psychological distress. Across all districts, the average score reported for this indicator was 4.4 out of 5. Gakenke, Rulindo Kicukiro, Nyanza, Nyaruguru, Gatsibo, Kirehe, Rwamagana, Nyabihu, Ngororero and Rusizi reported a higher score (4.7), while Burera, Gicumbi, Muhanga, Ruhango, Nyagatare and Karongi reported a lower one (4.0).



People in Umuganda activity

Sources of resilience

Participants said that solidarity between community members strengthened resilience. Solidarity took several forms: the availability of government and other social protection schemes that provide accommodation, school fees and other services; community social networks that assist people with social and economic problems; government mechanisms that assist and support victims of disasters and other natural hazards; and community health programmes.

Sources of fragility

Participants listed a number of challenges. These included: some people were unable to access prescribed medicines through the *Mutuelle de Santé*; medical services were expensive; some aid intended for the vulnerable was embezzled; the social protection budget was too small; and the *ubudehe* (neighbourhood mutual assistance) categorisation was unrealistic. In addition, they noted that, for cultural reasons, some people were unwilling to discuss gender-based violence (GBV); that some FBOs and CSOs sometimes made empty promis-

es or acted too slowly; and that the burden of supporting the distressed falls entirely on the government and citizens because there are not enough development partners.

Recommended actions

To address challenges to community solidarity, participants recommended that: health clinics should be created where they do not exist; the community health insurance scheme should be reformed, to ensure universal access to prescribed medicines; stronger measures should be taken to prevent embezzlement of aid meant for the vulnerable and to ensure that resources reach those in need; development partners should increase in number, to spread responsibility for supporting distressed communities; and measures should be taken to improve the transparency and efficiency of FBOs and CSOs.

4.2.3.3. Shared vision of the future

The study assessed whether members of the community have a shared vision by asking participants whether community members from different backgrounds have a shared vision of the future with regard to economic and social goals at both district and national levels. The study assumed that, where members of a community cooperate to pursue common goals, the community will be more resilient. Across all districts, the average score reported for this indicator was 4.4 out of 5. Gakenke, Gicumbi, Muhanga, Bugesera, Kirehe, Rwamagana, Karongi, and Nyamasheke reported a higher score (4.5); Kamonyi and Ruhango reported a lower score (4.0).

Sources of resilience

With respect to this indicator, participants listed several sources of resilience. They reported that good leadership had eliminated ethnic identities; that official unity and reconciliation initiatives enabled citizens to live in harmony and share a common vision; and that credit and saving schemes encouraged people to cooperate to improve their livelihoods. In the words of one FGD participant:

Credit and saving schemes are key factors that help us work together and build a better future. Our saving scheme convenes once a month to assess what we have been able to put together and also give money to a member next on the list. I can attest that this does not stop with supporting ourselves financially but cultivates social bonds between us. We understand each other better and even help those with special problems. (FGD, Musanze, 19 February 2023.)

In addition to the above, the government has implemented policies that ensure that no one is left behind socio-economically. Even those who have no capacity to join saving and credit schemes benefit from different social protection schemes, such as *Girinka*, VUP, and cash transfers, that lift people from poverty. To encourage the collective efforts of citizens, people work together to form and maintain basic infrastructures such as roads, especially during *Umuganda* (community work). Collective efforts are also evident in social networks that support the vulnerable and in particular pay for their medical insurance. To those with skills, the leadership is inclusive and gives opportunities to all regardless of background. In terms of innovation, those who have good ideas are helped to access financial services. With respect to well-being, services such as the *Mutuelle de santé* are in place. Women are encouraged to participate in decision-making, in accordance with the principle of gender equality, which the government supports. Because the government is inclusive, gives opportunities based on merit, and supports universal education, citizens feel a growing sense of ownership of government programmes.

Sources of fragility

With respect to a shared vision of the future, participants noted that many people still do not participate in government programmes such as *Umuganda*. Others said that divorce rates are rising as a result of domestic violence. In addition, poverty hinders people from working together, while social classes self-isolate: the rich interact with the rich, leaving behind the less advantaged. Some argued that young people communicate through social media, which limits their interactions with one another and their capacity to forge a better future. Drug abuse is a further issue. Some pointed out that high inflation has increased the cost of living, reducing the time that people have to interact and develop joint initiatives. Other factors mentioned included: the unhealed wounds of the genocide, that have traumatised many people; inadequate medical services in some hospitals; falling harvests due to climate change; high taxes that prevent small businesses from growing; shortfalls in infrastructure, including an unreliable electricity supply in some areas; and youth's lack of interest in the country's past.

Recommended actions

To alleviate fragilities associated with a shared vision for the future, participants recommended that community engagement initiatives should strengthen participation in government programmes, such as *Umuganda*; efforts to foster a sense of collective responsibility should particularly involve youth and the elite, especially in urban settings; poverty alleviation programmes, including VUP, *Ubudehe* (neighbourhood mutual assistance) and cooperative formation, should be strengthened; collaboration with community members from diverse socio-historical backgrounds should be encouraged to promote more inclusive development; economic measures should be introduced to address the high cost of living, lower inflation, and reduce poverty; and comprehensive mental health services should be available to tackle trauma resulting from the genocide against the Tutsi, to foster healing and unity.

4.2.3.4. Engagement in shared everyday community activities

To assess engagement in shared everyday community activities, the study examined social and economic activities: social activities included *Umuganda*, recreational activities, and cell and village assemblies; economic activities included saving schemes and cooperatives. Across all districts, the average national score reported for this indicator was 4.0 out of 5. Rulindo, Muhanga, Bugesera, Gatsibo, Kirehe, Rwamagana, Karongi, Ngororero, and Nyamasheke reported higher than average scores (4.7). Nyanza and Nyamagabe reported lower than average scores (3.7).

Sources of resilience

Participants identified factors of resilience in several shared everyday community activities, including *Umuganda*, *Inteko z'abaturage* (community meeting), *ibimina* (an informal saving scheme), *umugoroba w'imiryango* (community discussion), *itorero* (community learning), as well as recreational activities. They said that economic initiatives brought people together, to form and run saving and credit schemes, form and join cooperatives, decentralise government programmes, and consolidate land to improve productivity. These activities involved youth in community forums, changed attitudes to taxation and its importance, and generally made people more conscious of the value of community participation. They noted that the community health insurance programme and other social protection and social security initiatives also contributed. In sum, participants confirmed that activities which bring people together for recreational and economic purposes play a major role in building community resilience.

Sources of fragility

Participants also identified several sources of fragility in this area. Poverty makes it difficult for people to join saving associations; many live a hand to mouth existence and have nothing to save. Fewer young people participate in shared economic and social activities; fewer men participate in community evening family gatherings; fewer women attend *Umuganda*; and some people, including some members of the elite, feel little ownership of government programmes. For instance, a participant in an FGD in Gasabo district remarked:

It should be made clear that some categories are not active in community activities such as *Umuganda*, *Umugoroba w'imiryango*, and other gatherings. Very few women attend *Umuganda* and they think this is the duty of their husbands. Social categories like the youth and elite also participate at a small rate. Some of these people send their house helps to come on their behalf. In addition, these two categories do not like taking up elective positions in the village. This not only deprives communities of their needed contribution, but also undermines the quality of services delivered at this level. (FGD, Gasabo, 25 February 2023.)

Another source of fragility mentioned was embezzlement by leaders of saving associations and cooperatives, which both deterred people from starting or joining cooperatives and undermined efforts to bring people together and address financial challenges. Finally, security fees, sanitation fees, political party fees and other levies burdened citizens and discouraged participation in community affairs. Although participants recognised that it was worthwhile to contribute to some national and community causes, they sometimes felt that too much was asked of them, relative to their capacity.

Recommended actions

To address these concerns, participants said that: programmes to reduce poverty should be strengthened to permit more people to participate in saving associations (*ibimina*); targeted initiatives should increase youth involvement in shared economic and social activities and deepen their sense of ownership and responsibility; men should be encouraged to participate in family gatherings, both to challenge traditional gender roles and enhance inclusion; and levies should be reviewed, to rationalise them, ease the burden on citizens, and ensure that contributions align with their capacity.

4.2.3.5. Integrating persons with different socio-demographic backgrounds

The study evaluated this issue by asking participants to gauge the extent to which people with different socio-demographic backgrounds were included in the governance and social and economic life of the community. Across all districts, the average score reported for this indicator was 4.3 out of 5. Gasabo, Ngororero and Nyamasheke reported a higher-than-average score (4.7). Rubavu, Rusizi, Nyabihu, Nyagatare, Ngoma, Gisagara, Gicumbi and Burera reported a lower-than-average score (4.0).

Sources of resilience

Participants reported that the adoption and implementation of an inclusive and accountable governance policy had increased the inclusion of people of different socio-demographic backgrounds in the community's governance and social and economic life. They noted that the country's leadership played a key role in preventing conflicts. They also noted that, when conflicts occur, the involved parties turn for assistance to community mechanisms such as the *Inshuti z'umuryango* and *Abunzi*. In addition, all categories of people, including women, youth and people with disabilities, were represented in leadership positions, which strengthened re-

silence. Participants also felt that social protection schemes, non-discriminatory employment opportunities, and free movement of people helped to build community resilience, alongside the availability of programmes and essential infrastructure that facilitated business initiatives and improved people's livelihoods. Participants underscored that equal access to services boosted community resilience. They said that, when communities experience discrimination, they are less able to meet their needs, which harms their resilience. Finally, they said that government initiatives that assist people who live in dangerous areas to relocate to safe zones without discrimination have helped to build resilient communities.

Sources of fragility

Participants mentioned several sources of fragility in this area. They reported that poor service delivery and corruption in some local government services, such as One Stop Centers and social protection schemes, led to discrimination against some people; and that favouritism and nepotism meant that some people are not able to compete fairly for jobs. They noted that high rates of youth unemployment and poverty were issues, and that low salaries discouraged competent people from working in local government.

Recommended actions

To address these issues, participants recommended that local government services should be made more transparent and efficient; programmes to tackle corruption should ensure equitable access to public service and social protection schemes; anti-nepotism measures should ensure that recruitment processes are fair and inclusive; and targeted employment programmes should address youth unemployment and encourage competent people to apply for local government posts.

4.2.3.6. Healing of divisions and conflicts

To assess this indicator, the study asked participants to gauge the extent to which divisions and conflicts between community members (whether due to the genocide or other causes) are resolved. Across all districts, the average score reported for this indicator was 4.0 out of 5. Nyaruguru, Nyamasheke and Rusizi reported a higher score (4.7). Musanze, Gisagara, Bugesera and Kayonza reported a lower score (3.7).



Gacaca court

Sources of resilience

Participants observed that community-based mechanisms and traditional practices helped to prevent and resolve conflicts. These included, among others, *Abunzi* (a community mediation mechanism) and *Gacaca* courts, which tried genocide crimes. As a result, a significant number of genocide perpetrators had confessed and apologised for their crimes. The most important source of resilience, according to the participants, was the Rwandan leadership, which has promoted *Ubunyarwanda* (Rwandanness), marginalised ethnic identities, and removed ethnicity from identification documents. These actions have enhanced Rwandans' sense of oneness and created equal opportunities for all Rwandans.

Sources of fragility

With respect to this indicator, participants reported that some genocide wounds remain unhealed because people have not been able to trace and exhume the bodies of family members and bury them decently. Cases of genocide ideology and deep-seated enmity between some members of the community persist. They said that some conflicts have been resolved superficially, resulting in instances of homicide. They noted that some genocide perpetrators are still at large in foreign countries, which troubles genocide survivors and affects their efforts to rebuild their resilience. A participant in an FGD in Bugesera district observed:

A lot has been done to ensure that justice is given to survivors of genocide. However, a lot remains to be done. We still have a lot of people who participated in the genocide and have not been arrested. They are still at large roaming in the western world which troubles us. Mechanisms of bringing them to justice should be reinforced. (FGD, 22 February 2023.)

Participants also said that many people who looted and destroyed properties during the genocide against the Tutsi have not paid compensation despite having money to do so. They criticised community conflict resolution mechanisms for corruption, especially some *Abunzi*; and claimed some institutions, including the Rwanda Investigation Bureau (RIB) and the police, were reluctant to pursue offenders for misdemeanours such as phone and bag snatching, which they said has encouraged robbery and burglary within communities.

Recommended actions

To mitigate the above issues, participants recommended that the authorities should prioritise efforts to trace and exhume bodies of genocide victims for dignified burial. They also said that mechanisms that address persistent cases of genocide ideology should be strengthened, including awareness, education and judicial mechanisms; that collaboration with international partners to apprehend and bring genocide perpetrators to justice should be improved; and that measures to compensate those whose property was looted and destroyed during the genocide should be enforced. In addition, action should be taken to curb corruption, and to enhance the transparency and accountability of community conflict resolution mechanisms. To prevent and punish cases of robbery and burglary in communities, law enforcement agencies and courts should pursue offenders of misdemeanours, and hold them accountable to discourage recidivism.

4.2.3.7. Participatory decision-making

With respect to participatory decision-making, the study asked participants to describe the extent to which all stakeholders participate when important decisions are made that affect the community's future. Across all districts, the average score reported for this indicator was 4.0 out of 5. Rulindo, Gisagara, Kamonyi, Muhanga, Bugesera, Nyagatare, Rwamagana, Karongi, Rusizi and Rubavu reported a score above the national average (4.3). Burera, Nyarugenge, Ruhango, Ngoma, Nyabihu and Rutsiro reported a score below it (3.7).

Sources of resilience

Participants identified several factors of resilience. They reported that a wide range of stakeholders (women and men, older people and youth, officials and ordinary citizens, and people of different socio-demographic backgrounds) participate when important decisions are taken that affect the future of the community. They stressed that most groups have councils that represent them in different decision-making organs; for example, there are National Women's Councils, National Youth Councils, Councils of People with Disabilities. They con-

which affect the quality of decision-making; domestic conflicts undermine family participation and development; religions may complicate community life (for example, some people go to church during working hours, which slows down economic development and can impede participatory decision-making processes).

Recommended actions

To address these issues, participants recommended that government projects should be implemented in a timely manner to ensure that the needs of citizens are met; communities should be more involved in decisions and policies that directly impact their lives, such as tax adjustments; and religious institutions should harmonise their religious practices with the country's development needs.

4.2.4 The state of resilience at institutional level

To assess resilience at institutional level, the study followed the methodology described in Chapter Three. The indicators for this assessment were: transformative local leadership; integrity of local leaders and institutions; water, mobility and other infrastructure; comprehensive health services; comprehensive education services; effective security institutions; effective justice institutions; programmes for societal healing and national unity; shared economic institutions; the contributions of FBOs and CSOs; balanced central-local relations with shared responsibility and agency; social protection interventions; and gender equality. Scores by indicator are summarised in Table 16, rank-ordered by average national score.

4.2.4.1. Effective security institutions

For this indicator, the study asked participants to gauge the extent to which people and their properties in the communities are safe. Across all districts, the average score reported for this indicator was 4.7 out of 5. Gakenke district reported the highest score (5) and Nyamagabe district the lowest (4.0).

Sources of resilience

The study found that security institutions were alert and responsive. Participants reported that roadside security lights had reduced cases of theft and phone snatching in insecure areas. Security organs have been decentralised at all administrative levels. The police, the army, RIB, and firefighting services are present in all regions, which has improved security. As a participant in an FGD in Rugavu put it:

Our security organs are always alert. They are present in every corner of the country to ensure that citizens are protected. We all know the pockets of insecurity that used to happen in this district but all those ended. Every citizen can walk at any time without fear of anything. People are allowed to operate businesses 24 hours which is key in fighting poverty. (FGD, Rubavu, 22 February 2023.)



Rwanda National Police joins Kigali residents in Umuganda

Citizens' readiness to contribute to the security fund has made it possible to pay people who conduct night patrols. Community policing and similar mechanisms play a key role in improving people's security. Participants said that these improvements have motivated people to work hand in hand with security organs and share information on any suspicious activities that might cause insecurity.

Sources of fragility

Some fragilities were noted. Participants commented on the performance of security institutions. They said that some crimes attract lighter punishments, encouraging recidivism. Petty crimes and thefts are frequent, especially of livestock. There are also many cases of drug abuse in a country that still has very few rehabilitation centres for drug addicts.

Recommended actions

To remedy these issues, participants said that sentencing policies should be revised to ensure that crimes are met with appropriate punishments, sufficient to deter recidivism; such measures would also enable law enforcement officials to address theft and petty crimes effectively, and reduce the prevalence of such offences. They recommended more rehabilitation centres for drug addicts, to tackle drug abuse and support recovery. In addition, community engagement programmes should raise public awareness of the consequences of crimes and drug abuse, foster a sense of responsibility, and promote ownership of crime prevention initiatives.

4.2.4.2. Social protection interventions

Across all districts, the average score reported for this indicator was 4.5 out of 5. The highest score reported was 4.7; the lowest 4.0.

Sources of resilience

Participants generally commended social protection services, including financial transfers, free medical insurance, and schemes such as the Vision 2020 *Umurenge* (VUP) programme and its components. They also commented positively on the government's housing programme for the less advantaged. They said that people living with disabilities receive financial assistance, and can obtain prosthetic limbs and wheelchairs; in addition, leadership positions have been ring-fenced for people with disabilities. They urged the government to provide access paths for the disabled to public buildings. They noted that the government has established a special fund to support the vulnerable, in addition to the funds that support children at risk of malnutrition and stunting and entrepreneurial ideas of youth.

Sources of fragility

The participants said that there were frustrations with the *Ubudehe* (neighbourhood mutual assistance) categorisation. Many people felt that the lists of beneficiaries of different social protection programmes were not drawn up fairly; this issue was raised at every level (household, community and institutional). The dependence of some beneficiaries on social protection programmes was also a concern; some participants believed that beneficiaries want to rely endlessly on government support instead of working. According to one participant in an FGD at Nyagatare:



VUP Programme has strengthening the resilience of Rwandans through job creation and financial support to the most vulnerable people

There should be strong mechanisms to monitor and guide the use of development aid extended to the needy. Many people put it into consumption instead of investing it. This makes beneficiaries perennial dependents on government instead of graduating and standing on their own legs. Mechanisms that ensure their graduation from this dependency cycle should be devised. (FGD, Nyagatare, 28 February 2023.)

Recommended actions

To remedy these issues, participants made a number of proposals. They said gaps in social protection interventions should be addressed and steps should be taken to make sure that beneficiaries are selected fairly and transparently by the *Ubudehe* categorisation. Related to this, mechanisms should be established to address the culture of dependence among beneficiaries and prepare them to graduate from poverty. It was suggested robust monitoring systems could redirect social protection support so that it generated profit for future use rather than being used solely for consumption. (Note: this was proposed before the government dropped the social protection targeting programmes based on *Ubudehe* categorisation.) For participants, the most important point was that future social protection programmes should learn lessons from the gaps identified in *Ubudehe*, to avoid similar problems from recurring.

4.2.4.3. Shared economic institutions

Across all districts, the average score reported for this indicator was 4.4 out of 5. The highest score reported was 4.7, the lowest 4.0.

Sources of resilience

Participants identified several sources of resilience. Saving and credit schemes have improved livelihoods. The widespread presence of commercial banks that extend credit and other banking services has increased access

to financial services. Social protection services, provided by the government and other actors, has ensured economic stability; they include the Vision 2020 *Umurenge* Programme (VUP), cooperatives, savings awareness programmes, and social security schemes such as *Ejo Heza* ('better future'). Economic stability is assisted by the officers in charge of cooperatives at sector level, who encourage the formation of cooperatives and help them to obtain funding; by government and local authority officials who help former hawkers to obtain capital and cooperate in established markets; and by saving and credit cooperatives (SACCOs), which enable women and youth to access credit and start small businesses with guaranteed loans from the Business Development Fund.

Sources of fragility

The responses of participants showed that fragility in this area is still high. The banks require collateral that some people cannot afford, while some cooperatives and saving and credit schemes are poorly managed, which discourages people from joining them, further limiting the access to finance of poorer and less privileged people.

Recommended actions

To address these issues, participants suggested that banking practices should be reformed. In particular, banks should accept alternative forms of collateral options and make their services accessible to a wider range of individuals. They said cooperatives and saving and credit schemes should improve how they are managed and introduce accountability measures to increase public trust and attract more members. Finally, financial literacy programmes would equip individuals with the knowledge and skills they need to navigate economic institutions successfully.

4.2.4.4. Transformative local leadership

To assess this indicator, the study asked participants to say whether the mindset and actions of local leaders and their institutions contributed to the community's transformation. Across all districts, the average score reported for this indicator was 4.3 out of 5. Gakenke, Bugesera, Kirehe, Rubavu, Rusizi and Rwamagana reported the highest score (4.7); Gasabo, Musanze, Huye, Gisagara, Ruhango and Nyagatare reported the lowest (4.0).

Sources of resilience

A range of factors have positively influenced resiliency in this area. The main ones that participants reported were: the inclusive nature of the government and its institutions, which has enabled people to access opportunities fairly; the quality of the leadership, which ended suspicion among Rwandans, enabling them to start working together and to transform their livelihoods; and the decentralisation of services, which have become more responsive to peoples' needs. Participants were eloquent on the role of leadership in addressing community problems, including conflict and access to services. This was said, for example, during an FGD in Rulindo district:

Local administration has improved its working methods. Every Tuesday is dedicated to an open meeting with citizens to handle their problems. Communication between the administration and the citizens is effective. We receive information on leaders' availability or non-availability ahead of time. We are better informed on various plans such as child vaccination. (FGD, 19 February 2023.)

Participants also recognised that the leadership had raised awareness of the principle of gender equality, and

helped to remove misconceptions about it. Local leaders have helped citizens to understand their role in creating and maintaining the infrastructures on which development relies. Local and central authorities have also collaborated to design development policies for citizens' benefit.



Leaders from the central government interacting with local residents to hear and address their problems

Sources of fragility

Participants reported several gaps that hamper the full attainment of resilience in this area. For instance, the performance of local government authorities did not always meet citizens' expectations; participants said this was mainly because village leaders lacked financial motivation. The persistence of genocide ideology led some people to resist government programmes. Local leaders were not able to consistently enforce property related verdicts decided by *Gacaca* courts. Delivery of local services was impaired because only a small number of workers were available at cell and sector level. Some key infrastructures and institutions, such as rural schools, lacked access to the electricity grid. Some sectors and cells work from inadequate offices. Finally, communication was a concern: it was reported that some local leaders did not explain government programmes effectively, and that information about official decisions was always communicated at short notice.

Recommended actions

To remedy these issues, participants said that comprehensive programmes were needed to eradicate genocide ideology and foster a more receptive environment for government initiatives. They said that it was critically important to enforce property-related verdicts from *Gacaca* courts, both to provide justice and maintain social harmony. To improve service delivery, village leaders should be offered incentives, and more workers should be employed in cell and sector offices. Investments in infrastructure should be made to improve schools, access to the electricity grid, and sector and cell offices. Officials should raise the quality of their public communications, to improve both their accountability and the quality of public services.

4.2.4.5. Integrity of local leaders and institutions

To assess the integrity of local leaders and institutions, participants were asked to rate the extent to which they thought local leaders in their communities respected citizens, abjured all acts of favouritism, nepotism or corruption, and felt accountable for what they did. Across all districts, the average score reported for this indicator was 4.3 out of 5. The highest score reported was 4.7; the lowest 3.7.

Sources of resilience

Participants made several points about the integrity of leaders and institutions: that strict laws should punish all forms of corruption, including favouritism; that the participation of citizens in decision-making improves service delivery; and that social media platforms can bring leaders and citizens together to improve service delivery and address unresolved issues.

Sources of fragility

They also highlighted some sources of fragility in this area. They reported that accountability is not commonly practised and, even when it is, leaders tended to make themselves accountable to their superiors, not citizens. Some leaders were also reluctant to participate in government programmes; for example, village committee members did not always attend *Umuganda*. Leaders often limited their contacts with citizens: they wanted to be feared and respected but in addition they spent much time in meetings and had little time left to meet ordinary people. Finally, some leaders wanted citizens to blindly follow instructions; they were uninterested in discussing with them. A different source of fragility, according to participants, was that unpaid local leaders were not motivated to serve their people: they started their leadership duties once they had finished work for which they were paid.

Recommended actions

To address these fragilities, participants recommended that a culture of accountability needs to be instilled, which would ensure that leaders are answerable both to their superiors and to citizens. The promotion of open communication channels between leaders and citizens would encourage mutual respect and create a positive environment for contacts between service providers and service seekers. To improve their commitment, unpaid local leaders should be offered incentives.

4.2.4.6. Comprehensive education services

The study assessed this indicator by asking participants whether they had adequate access to education services that are of good quality, affordable and close by. (The term 'education services' refers to nursery, primary, secondary and TVET schools.) Across all districts, the average score reported for this indicator was 4.3 out of 5. The highest score reported was 4.7 and the lowest was 3.7.



The government has invested in education infrastructure development to ensure every child has access to basic education

Sources of resilience

Participants identified several sources of resilience. Having enough trained teachers in schools was critical. They also recognised that Education for All programmes had improved enrolment, that school feeding programmes had improved learners' health, and that school enrolments had risen and dropout rates had fallen. They considered it positive that early child education programmes were available to children in almost all villages, at a time when class sizes have been enlarged to cope with the demand for school places. As a participant in an FGD in Karongi noted:

The education infrastructures have been increased. At least after every three years the government increases the number of classrooms to resolve the issue of overcrowded classrooms. Every one of us knows that during the COVID lockdown, the government increased classrooms in almost all schools. This is not only key in making education accessible but also in improving its quality. (FGD, Karongi, 28 February 2023.)

Participants also noted that raising teachers' salaries had improved the quality of education; and that joint parenting by teachers and parents has improved discipline and the quality of education in some schools. TVET schools have become more accessible.

Sources of fragility

Participants indicated some fragilities in education services. They reported that inconsistent policies had depressed the quality of vocational training schools; many children with disabilities did not have wheelchairs or accessible routes to school; the lack of sufficient special education teachers affected children living with disabilities; the number of school dropouts was worrying; though the government had removed fees for public schools, some schools still charged fees in a disguised manner.

Recommended actions

To mitigate these fragilities, participants recommended that Vocational Training Schools should become more available, and that stable policies should be applied to sustain their quality. With respect to children with disabilities, they should have access to wheelchairs and should be able to travel to their schools on accessible paths; and more special needs teachers should be trained to meet their needs. Measures should be taken to address the underlying issues that cause school dropouts.

4.2.4.7. Programmes for societal healing and national unity

Across all districts, the average score reported for this indicator was 4.3 out of 5. Gisagara, Gakenke, Nyanza, Bugesera, Gatsibo, Kayonza, Ngoma, Rwamagana and Ngororero reported the highest score (4.7), Musanze the lowest (3.7).

Sources of resilience

With respect to sources of resilience in this area, participants said that healing programmes such as *Mvura nkuvure* and ARCT *Ruhukaw* (which trains trainers in healing) have extended healing skills to many people and so helped heal people in many communities. They praised programmes such as *Ndi Umunyarwanda* ('I am Rwan-

dan') for making citizens more resilient; unity and reconciliation programmes that promoted oneness also enabled forgiveness and healing. The genocide commemoration period also promoted resilience: it helped genocide survivors to heal their wounds because it allowed survivors to mourn and pay respect to their loved ones. Participants believed that people would not have been able to recover their resilience in the absence of strict laws to punish genocide ideology and acts of genocide. These sanctions gave people and survivors confidence that genocide will not happen again in Rwanda. Social protection schemes for survivors of genocide against the Tutsi were another source of resilience, because they supported survivors while they healed. Finally, participants recognised the importance of reintegration programmes, which helped perpetrators of genocide to return to their communities after completing their prison sentences, and also helped their families and communities to receive them.



Psychosocial interventions such as Resilience-oriented therapy, Sociotherapy, and Multifamily Healing Spaces have strengthened mental resilience and reconciliation

Sources of fragility

Participants identified several fragilities in programmes for societal healing and national unity. They said that some perpetrators of genocide refused to confess or apologise and that this affected the healing of survivors. Also, many survivors still do not know where the bodies of their relatives are buried and so cannot exhume them or give them a decent burial. This uncertainty compounds the trauma that many survivors still experience.

People who refused to share information on where they killed and buried victims are one of the factors that slow down the healing process of survivors. It can be very difficult for the wounds to heal when you have no information on where and how your loved ones were killed and buried. These people should be compelled to share this information to help us get the bodies of our loved ones and accord them a decent burial. (FGD, Rwamagana, 25 February 2023.)

It is evident that many people in many communities have unhealed wounds as a result of the genocide and its aftermath. Genocide victims are evidently affected but so are some genocide perpetrators and their offspring. Issues associated with the reintegration of former genocide convicts in their families and communities are an important potential fragility.

Recommended actions

To mitigate the fragilities in this area, participants encouraged efforts to persuade perpetrators of genocide to confess and apologise, because such acts contribute to national reconciliation and social harmony. They said that more efforts should be made to locate victims' bodies, and facilitate their exhumation and decent burial, to reduce the trauma of survivors. They recommended that survivors should receive comprehensive support; and that efforts should be made to address their lack of information about their loved ones and its psychological impact on them. Efforts to reintegrate former genocide convicts in their communities and families should be enhanced.

4.2.4.8. Contributions of faith-based organisations (FBOs) and civil society organisations (CSOs)

Participants were asked to assess the degree to which FBOs and CSOs made contributions to mental health, social cohesion and livelihoods. Across all districts, the average score reported for this indicator was 4.3 out of 5. Kirehe, Nyanza, Nyagatare and Ngororero reported the highest score (4.7), and Ruhango and Karongi the lowest (3.7).

Sources of resilience

Participants found several sources of resilience in the contributions of FBOs and CSOs to mental health, social cohesion and livelihoods. Social protection schemes were the first source: schemes included paying the school fees of children from poor families; provision of accommodation; and medical insurance for needy families and individuals. Second, they believed these institutions inculcate decency and human values. FBOs gave hope to broken and wounded hearts, encouraged values of obedience and respect, and worked for peaceful coexistence between people. Third, healing initiatives by FBOs and some CSOs addressed mental health issues and helped people with mental health problems to believe in a better future. In addition, the private sector assisted people with financial problems to obtain jobs, and find financial support. Their support was important during the COVID-19 period.

Sources of fragility

Participants identified several fragilities associated with the work of FBOs and CSOs. They noted that FBOs mainly supported their members, while many people in the community remained unhelped; and that, for lack of technical skills, FBOs/CSO assistance was sometimes unproductive or was misused by their beneficiaries. In the area of mental health, a large number of people need psycho-social support, but the number of skilled service providers was still small.

Recommended actions

To address these issues, participants said that the number of skilled psycho-social workers should be increased to meet the many mental health needs of the Rwandan community. They urged FBOs and CSOs to collaborate with each other and with other stakeholders to maximise the impact of their programmes and address broader community challenges.

4.2.4.9. Balanced central-local Relations, with shared responsibility and agency

The study assessed this indicator by asking to what extent local and central authorities worked together to develop communities by providing them with guidance and financial support, and also encouraged communities to find their own solutions and take responsibility for solving their problems. Across all districts, the average score reported for this indicator was 4.3 out of 5. The highest reported score was 4.7; the lowest was 4.0.

Sources of resilience

Participants confirmed that local authorities collaborated well with citizens. They said that government decisions, policies and programmes were communicated swiftly by the central and local governments. Community

meetings addressed issues that arise, and citizens could obtain guidance and updates on a range of development initiatives, including saving, self-reliance, and cooperatives. They believed that central-local relationships were balanced on matters of innovation, synergy and cooperation between different government institutions. They said that the authorities had implemented social protection schemes, including *Girinka* and *Akarima k'igikoni* ('kitchen garden'), as well as decent housing programmes. They had made financial support accessible through schemes like *Umwarimu SACCO* and *Umurenge SACCO* (two saving and credit schemes) and loan guarantee funds; the Business development Fund (BDF) had played an especially important role in facilitating businesses. They reported that the authorities had also encouraged the formation of self-help networks that could support people with urgent problems.

Sources of fragility

The participants noted several sources of fragility. They reported that development support offered to citizens was sometimes misused. Some beneficiaries consumed instead of investing it. Further, citizens were given little opportunity to participate when their development priorities were determined. In some cases, too, the central and the local authorities communicated contradictory information, creating a certain amount of confusion at community level. Participants believed that, in some areas, most elected positions in local government were occupied by people who lacked any technical skills, which undermined development efforts.

Recommended actions

To address these concerns, participants recommended that mechanisms should be established to monitor and guide the use of development assistance, to ensure it achieves a sustainable impact and is not simply consumed. They said that citizens should be permitted to participate more when development priorities are set; this would make decision-making more inclusive and responsive. To achieve this, both citizens and local leaders should be trained in the technical skills needed for effective governance. Central and local authorities need to communicate clearly and consistently to avoid confusion and contradictions at community level. Participants also noted that local government positions should be made more attractive, including to highly educated people.

4.2.4.10. Effective justice institutions

Across all districts, the average score reported for this indicator was 4.2 out of 5. The highest score reported was 4.7; the lowest was 4.0.

Sources of Resilience

Participants believed that the availability of community-based conflict resolution mechanisms, among them *Abunzi* and *Inshuti z'umuryango* ('friends of the family') was key to building people's resilience in this area. The decentralisation of investigation and police services, including the RIB and the police, had been vital to the performance of justice institutions. They also reported that use of community forums to solve conflicts in communities helped to build resilient communities. As a participant in an FGD in Nyamasheke remarked:

Abunzi and other justice mechanisms play a key role in speeding up justice delivery. In the past, the large number of family cases created backlogs every year. We all know how the Abunzi institution has helped to deal with minor cases ... which used to clog the courtrooms. (FGD, Nyamasheke, 25 February 2023.)



Abunzi committees help to solve disputes at the community level

Participants said that the principle of the rule of law is respected because whoever commits a crime is held accountable. They noted that courts were being brought near to the people to make justice accessible. They believed that processing cases had been facilitated by technology; that this had reduced red tape; and that access to legal services was made easier by the provision of free legal aid through the *Maison d'Accès à la Justice* (MAJ). These elements had increased community resilience.

Sources of fragility

Participants noted several gaps in justice institutions that led to fragility. Some justice service providers were known to be corrupt; *abunzi* and local leaders were mentioned. Conflict resolution mechanisms, such as *abunzi*, lacked technical capacity, and citizens did not understand complex legal procedures. Courtrooms were often distant, and legal services were very expensive. A lawyer might charge more than five hundred thousand Rwandan Francs for legal representation in a single court case, which is beyond the financial capacity of ordinary people. Participants also noted that, in many cases, property looted during the genocide had still not been compensated even though some perpetrators were able to pay.

Recommended actions

Participants suggested a range of actions to address these issues. To address corruption in the justice system, notably among *abunzi* and local leaders, stringent anti-corruption measures, regular audits, and transparent accountability should be enforced. The technical capacity of conflict resolution mechanisms, such as *abunzi*, should be strengthened by providing specialised training and continued professional development. Legal literacy campaigns, accessible resources, and community-based education initiatives would increase citizens' understanding of complex legal procedures. To tackle the challenges posed by distant courtrooms and high legal costs, measures should be taken to decentralise legal services and reduce legal fees; the public should be made more aware of the role of the *Maison d'Accès à la Justice* (MAJ). Overall, a comprehensive strategy of

legal reform, capacity building, and community empowerment was required to mitigate fragilities in the justice sector.



The government has decentralised health care to village level, which significantly had improved access and provision of health services.

4.2.4.11. Comprehensive health services

With respect to this indicator, participants were asked to describe the extent to which community members have adequate access to health services, taking account of their availability, affordability and distance. Across all districts, the average score reported was 4.1 out of 5. The highest score reported was 4.3, the lowest 3.7.

Sources of resilience

Participants considered the availability of health services, whether access was adequate, and their affordability and distance. They reported that the presence of community health workers at village level had improved health care. The number of health posts, health centres and hospitals had increased dramatically, also improving health provision. Ambulance services were also available for critical cases. Blood distribution by drone had made blood transfusion more accessible, and anti-malaria services strengthened; there were now fewer cases of malaria. The number of trained medical staff who deliver good services had risen. Almost every citizen could obtain community health insurance. Health services for people living with disabilities had improved, and free medical checkups for many communicable and non-communicable diseases had been made available.

Sources of fragility

Participants also drew attention to some gaps in health services. They said that some health centres offered insufficient medical services due to the negligence of staff. There were too few doctors, especially in health centres. Patients who had contracts with the *Mutuelle de sante* were not always able to obtain the medicines

they had been prescribed. The equipment in use was often old, especially in health centres and district hospitals. Many health facilities were not able to provide prosthetic limbs.

Recommended actions

To address these concerns, participants said that targeted interventions were imperative. Comprehensive training programmes for, and regular assessments of, medical staff could ensure high standards of care and prevent negligence in health centres. To address the shortage of doctors, particularly in health centres, recruitment should be increased and medical staff should be offered incentives and improved working conditions. To ensure that medicines are available for *Mutuelle de santé* patients, a systematic review of supply chains and logistical procedures is needed, while collaboration with pharmaceutical suppliers can be enhanced. Regular inspections of healthcare establishments should be implemented to ensure an effective distribution of prescribed medicines to *Mutuelle de santé* patients. Health facilities should acquire the capacity to provide prosthetic limbs; this could be achieved via specialised training programmes for healthcare professionals and the provision of prosthetic services in healthcare facilities. A concerted effort, involving training, recruitment, supply chain optimisation, and infrastructure upgrades, was required to mitigate fragilities in Rwanda's health services.

4.2.4.12. Gender Equality

Participants were asked to say whether the interventions and actions of local leaders, faith-based organisations, civil society organisations and the private sector were responsive to the needs of men and women, and boys and girls. Across all districts, the average score reported for this indicator was 4.0 out of 5. Kirehe reported the highest score (4.7), and Burera the lowest (3.3).

Sources of resilience

Participants agreed that men and women have equal rights in law. They said that balanced gender rules and affirmative action gave women priority access to some positions. Government policies supported equal opportunities for men and women in schools and jobs. Compared to the past, women held more leadership roles in many churches. Women's rights were enforced; for example, women and girls were legally entitled to inherit property. Participants emphasised that patriarchal attitudes had changed and that gender roles were no longer imposed.

Sources of fragility

They nevertheless noted several fragilities. They reported that many people held misconceptions about the principle of gender equality; some people thought that gender equality was about women's rights rather than the rights of both men and women. They noted that teen girls were sexually abused by older men; and that some women lacked confidence and, especially in rural areas, hesitated to assume responsibilities at household, community and national levels. Although the legal framework is helpful, and the Constitution has established a 30% gender quota, participants said that few women held leading posts in religious denominations.



Rwanda is among the first countries in the world with female majority in parliament.

Recommended actions

Participants recommended a comprehensive and targeted strategy to mitigate institutional weaknesses in gender equality in Rwanda. Efforts should focus on raising awareness and providing training to institutional leaders to dispel misconceptions about gender equality; these should emphasise its inclusive nature for both men and women, as well as boys and girls. Law enforcement and community leaders should enforce rigorous policies and work collaboratively to combat sexual abuse of teen girls; safe reporting mechanisms should be established and support services made available.

They believed that empowering women in institutions requires confidence-building measures that include leadership development and mentorship programmes alongside gender-sensitive policies to encourage equal participation. They said that institutional leaders can play a key role in promoting the 30% gender representation quota and ensuring women have opportunities to take leadership positions. The number of women religious leaders can be increased by dialogue and awareness campaigns, encouraging religious leaders to champion gender equity, and mentorship programmes.

4.2.4.13. Water, mobility, and other infrastructure

With respect to this indicator, participants were asked to describe the extent to which the community's physical infrastructure - for water, electricity, internet access, and housing - are adequate for the community's development needs. Across all districts, the average score reported for this indicator was 3.8 out of 5. The highest score reported was 4.3, and the lowest 3.3.



Infrastructure development has been among the priorities of the government for the past three decades

Sources of resilience

Improved access to these services has increased resilience. Participants said that roads, electricity, and water infrastructures were available and had boosted development. As one remarked:

The government has put much effort into improving the infrastructures. Many places are now connected to the electricity grid. This improves business and also facilitates the delivery of some services. For example, *Irembo* services are in many places in our district thanks to improved internet and electricity access, as opposed to the past. In addition, people have started milling plants and hair salons that generate income. (FGD, Kirehe, 22 February 2023.)

Participants stressed that easy transportation of people and their produce has been key to sustaining livelihoods that underpin resilient communities. Hospital infrastructures and services associated with them have improved health; agricultural infrastructures, such as irrigation, have improved food security; school and ECD buildings and facilities, and access to them, have also improved.

Sources of fragility

Several issues were identified. Participants said that irrigation and drying facilities were limited, restricting improvements to agricultural productivity; rural roads were not all in good condition, hindering people from transporting themselves and their produce; access to water was very limited in some areas, forcing people to rely on stagnant water in swampy areas; internet connectivity was limited or slow in some parts of the country; some cells did not have access to education facilities, such as ECD centres; water and electricity were very expensive; and public transport required improvement, because there were not enough buses, especially in rural areas.

Recommended actions

To address issues in this area, participants recommended improvements in public transport, irrigation facilities, and access to electricity, particularly in rural areas. ECD centres should be extended to meet child development needs.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

This study addressed four objectives. It aimed to: (1) develop and validate resilience indicators that can be used to structure future research activities, policies, and programmes for community resilience in Rwanda; (2) devise a participatory, mixed-method, and multi-level methodology to assess resilience indicators, that builds on existing frameworks but adapts them to the needs of Rwanda; (3) use the resilience assessment methodology to establish a community resilience baseline across all districts of Rwanda; and (4) generate policy and programmatic recommendations for improving resilience across Rwanda.

The study adopted an approach that combined qualitative and quantitative methods. Data were collected at individual level using a self-assessment questionnaire, whose questions focused on individual psychological resilience. At household, community and institutional levels, the study used FGDs. These generated community scorecards that assessed community resilience, sources of resilience, and sources of fragility.

5.1 Major findings

Based on the data that the study gathered, individual Rwandans appear to have significant resilience with respect to the majority of indicators considered. As explained in the methodology section, each respondent was asked to declare his or her level of resilience for each of the four elements of every indicator. The values they reported were then summed individually and collectively. A high percentage of respondents declared that they were resilient with respect to all four attributes of the collaboration and negotiation indicator (72%) and the empathy, tolerance and forgiveness indicator (61%). These percentages suggest a cohesive society with strong interpersonal skills. Scores were somewhat lower for the hope and spirituality indicator (57%), indicating there is potential to enhance optimism and spiritual well-being; and for the emotional awareness, growth orientation, and critical thinking indicators (56%), suggesting that Rwandans nevertheless have a balanced foundation of cognitive and emotional resilience. The scores reported for humility and willingness to learn (54%), healing of psychological trauma (51%), self-management and responsibility (51%), and here-and-now focus (49%) indicate that improvements can be made in all these areas. The insights provided by these scores can guide targeted strategies to enhance Rwandans' personal resilience in various dimensions.

At household level, the highest average score across all districts was recorded for the connection with other families indicator (4.24 out of 5). Gakenke, Nyarugenge, Gisagara, Kamonyi and Ruhango all scored 4.67; other districts recorded scores between 4.00 (12 districts) and 4.33 (13 districts). The next highest average score across all districts was recorded by the value-based family conversations indicator (3.98 out of 5). The district of Nyamasheke reported the highest score for this indicator (4.67); Kicukiro, Nyarugenge and Huye reported the lowest (3.00). The third highest average score was reported for the resolution of family conflicts indicator (3.92 out of 5). Kirehe and Nyamagabe districts reported the highest score (4.33), Rusizi the lowest (3.33). Indicators that scored lower were intergenerational partnership, and entrepreneurial mindset, which each reported scores of 3.71 out of 5. For both indicators, the highest score reported was 4.00 and the lowest 3.33.

At community level, the highest average score for all districts was reported for the sense of national identity indicator (4.64 out of 5). Bugesera and Rusizi districts reported the highest score (5) and Gakenke and Gisagara the lowest (4.33). The second highest average score was reported for the shared vision indicator (4.43 out of 5). Nine districts reported the highest score (4.67); Kamonyi and Ruhango districts reported the lowest score for this indicator (4.00). The third highest average score was reported for the solidarity among community mem-

bers indicator (4.38 out of 5). Eleven districts reported higher than the average score for this indicator (4.67); seven reported scores below the average (4.0). At the other end of the scale, the indicator that reported the lowest average resilience score across all districts at community level was the participatory decision-making indicator (4.04 out of 5). Nine districts reported the highest score for this indicator (4.33) and six the lowest (3.67). The second lowest average score was reported for the healing (resolution) of divisions and conflicts indicator (4.07 out of 5). Only Rusizi, Nyamasheke and Nyaruguru districts scored above this average (4.67); Musanze, Gisagara, Bugesera and Kayonza districts reported the lowest score (3.67). The third lowest average score was reported for the indicator on integrating persons of different socio-demographic backgrounds (4.28 out of 5). Only Gasabo, Nyabihu and Rusizi scored above this average (4.67); eight districts reported the lowest score (4.00).

At institutional level, the highest average score for all districts was reported for the effective security institutions indicator (4.66 out of 5). Gakenke reported the highest score (5) and Nyamagabe the lowest (4); other districts scored 4.67. The scores for this indicator were comparatively high in all districts, compared with the scores at household and community level. The second highest average score for all districts at institutional level was reported for the social protection interventions indicator (4.48 out of 5). Fifteen districts reported a higher score than the average (4.67); Nyaruguru and Ruhango reported the lowest score (4.00). The third highest average score for all districts was reported for the economic institutions indicator (4.39 out of 5). Ten districts reported the highest score (4.67); the lowest score reported was 4.0. At the other end of the scale, the indicators that scored lowest across all districts were respectively the water, mobility and other infrastructures indicator (3.78 out of 5), the gender equality indicator (4.03 out of 5) and the comprehensive health services indicator (4.12 out of 5). In terms of individual districts, Rulindo, Gicumbi, Muhanga, Nyamagabe, Kayonza, Ngoma, Rwamagana and Rubavu reported the highest score for water, mobility and other infrastructures (4.33) and Burera, Nyaruguru, Ruhango, Nyagatare, Nyamasheke and Rutsiro reported the lowest score (3.33). Kirehe reported the highest score on gender equality (4.67) and Burera the lowest (3.33). Twelve districts reported the highest score on comprehensive health services (4.33); Gicumbi and Ruhango reported the lowest score (3.67).

The most important sources of resilience at household level were respectively school feeding programmes that reduced school dropouts, followed by social protection schemes such as Girinka and VUP that improved family livelihood and solidarity and social networks between families. At community level, major sources of resilience were promotion of a national cohesive identity (*Ubunyarwanda*) and suppression of divisive identities, followed by joint interest initiatives such as cooperatives, and community-based conflict prevention and resolution mechanisms such as *Abunzi*, *Inshuti z'Umuryango* and *Umugoroba w'imiryango*, etc. Frequently cited sources of resilience at institutional level included the inclusive nature of the government and its structures that enable people to access opportunities fairly; good leadership that responds to the needs and rights of citizens; and improved access to core services, including education and social protection schemes.

Persistent factors of fragility at household level were: poverty at family level; misinterpretation of the gender equality policy; intra-family conflicts, particularly conflicts relating to land and other shared property; and unhealed wounds resulting from the genocide. At community level, factors that continue to impede resilience included: low participation by some groups of citizens (youth, women, the elite) in community programmes such as *Umuganda*; the rising cost of living, due to high inflation; unhealed wounds due to the genocide; poor services in some health facilities; lack of infrastructures, such as electricity, in some areas; and youth's lack of interest in Rwanda's history. At institutional level, the most cited fragilities included: persistent corruption among local leaders; poor road networks and public transport; high rates of youth unemployment; the shortage of doctors in remote areas; and the limited availability of TVET facilities.

Analysis of the data revealed that the resilience scores submitted rose with the (household and institutional) status of the participants. Scores at household level were lower than scores at community level, and these in turn were lower than scores at institutional level.

Two factors probably explain this. The first is the profile of the people who participated at each level. The assessment process (involving households, communities and institutions) involved ordinary citizens as well as individuals with leadership and administrative responsibilities. The number and status of leaders increased at each level, being lowest at household level and highest at institution level. This provoked debates between leaders and citizens on different policies and programmes. The facilitators made efforts to construct a balanced debate in which citizens as well as leaders could make their voices heard. In practice, leaders tended to have a broader view and vision of their communities compared to ordinary citizens. Citizens' views tended to reflect their own needs and interests, whereas leaders tended in addition to consider where the country is coming from, what has been achieved, and the longer-term future of their communities. As a result, while the FGDs at household and community level illuminated the different perspectives of leaders and citizens, resilience scores rose in the FGDs at institutional level because these groups were numerically dominated by leaders, who took a broader view and tended to have a more positive opinion of the government's achievements.

The second factor is the top-down approach that characterises policy- and decision-making at local level. The feedback on indicators that touch on citizen participation show that some or many policies and programmes are determined or administered from the top and executed in communities with little citizen participation. This makes it difficult for citizens to own policies and programmes that affect them. Ownership lies mainly with leaders. This creates a sort of dislocation: the fact that citizens do not understand or personally identify with some policies affects their execution and, more important, their impact on citizens' lives. And because their level of participation is limited, feedback suggests, citizens feel less able and have less motivation to hold their leaders accountable. Some participants observed that local leaders are principally accountable to their superiors, rather than citizens.

5.2 Recommendations

In line with the feedback it received, particularly the sources of resilience and sources of fragility that participants identified, as well as the scores for the assessed indicators, the study proposes the following key recommendations:

Table 17: Key recommendations

Level	Recommendation	Relevant resilience indicator(s)	Responsible institution
Individual	Put in place programmes that build collaboration, negotiation skills, and practical compassion. Aim: to promote social solidarity and community cohesion.	Collaboration and negotiation	MINUBUMWE
	Expand collective healing activities that include a component of emotional education, such as resilience-oriented therapy, multi-family therapy or socio-therapy. Aim: to build individuals' capacity to regulate emotion, cope with challenging emotions, and take positive actions.	Emotional awareness and expression; healing and psychological trauma	MoH, RBC, FBOs, CSOs
	Promote community visioning activities. Aim: to build a sense of the future.	Growth orientation	MINUBUMWE
	Strengthen leadership training, peace education programmes and participation in collaborative livelihood initiatives.	Collaboration and negotiation	MINUBUMWE

Level	Recommendation	Relevant resilience indicator(s)	Responsible institution
Household	Pursue sensitisation campaigns on the benefits of equal rights and opportunities between boys and girls, men and women.		MIGEPROF
	Institutionalise intra-family dialogues by activating the family council. Aim: to prevent/manage conflicts more efficiently.	Value-based conversations	MIGEPROF
	Design an exit strategy for government assisted groups. Aim: to prepare them to graduate from poverty and dependence.	Access to sources of livelihoods	MINALOC
	Expand access to financial opportunities. Aim: to empower families.	Entrepreneurial mindset	MINECOFIN, LODA
Community	Devise innovative measures (based on people's comparative advantages, for instance) to increase the participation of the elite and youth in community-based activities, including <i>Umuganda</i> , <i>Umugoroba w'imiryango</i> and related schemes.	Engagement in shared everyday community activities	MINALOC
	Empower communities to prevent and fight the abuse of drugs, particularly among youth.	Shared vision for the future	MINALOC, MoH
	Conduct youth-oriented campaigns to raise their interest in the country's history and reconstruction process, and the future.	Shared sense of national identity	MINUBUMWE, MINICYOUTH
Institutional	Strengthen mental health services at community level. Aim: to ensure they can respond effectively to the needs of people who carry unhealed wounds from the genocide and other traumatic experiences.	Programmes for societal healing and national unity; comprehensive health services	MoH, RBC, FBOs, CSOs
	Intensify actions to combat corruption, particularly at local government level.	Integrity of local leaders and institutions	Office of the Ombudsman, CSOs
	Improve the status of basic infrastructures, including roads, public transport, water, electricity, hospitals and health facilities, especially in remote areas and in agricultural extension services.	Water, mobility and other infrastructures	MININFRA, MoH, MINAGRI
	Develop work skills and diversify employment opportunities. Aim: to respond to pressing needs, especially the needs of youth.	Shared economic institutions	MINECOFIN, MIFOTRA
	Strengthen and expand TVET facilities. Aim: to increase access for youth.	Comprehensive education services	MINEDUC

REFERENCES

- Afifi, T. O., Macmillan, H. L. (2011). Resilience following child maltreatment: A review of protective factors. *The Canadian Journal of Psychiatry* 56, pp. 266–272. <http://dx.doi.org/10.1177/070674371105600505>.
- Agashe S., Kumar S., Rai, R. (2021). Exploring the Relationship Between Social Ties and Resilience from an Evolutionary Framework. *Front. Hum. Dyn* 3:683755.
doi: 10.3389/fhumd.2021.683755.
- Ager, A., Lembani, M., Mohammed, A., Ashir, G., Abdulwahab, A., de Pinho, H., Delobelle, P., Zarowsky, C. (2015). Health service resilience in Yobe State, Nigeria in the context of the Boko Haram insurgency: A systems dynamics analysis using group model building. *Conflict and Health* 9, p. 30.
- Alameddine, M., Fouad, F., Diaconu, K., Jamal, Z., Lough, G., Witter, S., Ager, A. (2019). Resilience capacities of health systems: Accommodating the needs of Palestinian refugees from Syria. *Social Sciences and Medicine* 220, pp. 22-30.
- Allen, C., Fontaine, J., Pope, K., Garmestani, A. (2011). Adaptive management for a turbulent future. *Journal of Environmental Management* 92, pp. 1339-1345.
- Are'valoa, S., Pradob, G., Amaro, H. (2008). Spirituality, sense of coherence, and coping responses in women receiving treatment for alcohol and drug addiction. *Evaluation and Program Planning* 31, pp. 113–123.
- Barber, B. (2001). Political violence, social integration and youth functioning: Palestinian youth from the intifada. *Journal of Community Psychology* 29(3), pp. 259-280.
- Behrman, G. (2012). The community as family: Resilience in older women religious sexually abused in early life. In Becvar, D. (ed), *Handbook of Family Resilience*, Springer.
- Ben-Atar, E. (2018). On-air under fire: Media and community resilience in post-heroic wars. *Israel Affairs* 24(4), pp. 593-614.
- Benbenishty, R., Schiff, M. (2009). Perceptions of readiness to leave care among adolescents in foster care in Israel. *Children and Youth Services Review* 31, pp. 662–669. <http://dx.doi.org/10.1016/j.childyouth.2009.01.001>.
- Betancourt, T. S., Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International review of psychiatry* 20(3), pp. 317-328.
- Betancourt, T. S., Meyers-Ohki, S., Stulac, S. N., Barrera, A. E., Mushashi, C., Beardslee, W. R. (2011). Nothing can defeat combined hands (Abashize hamwe ntakibananira): Protective processes and resilience in Rwandan children and families affected by HIV/AIDS. *Social Science & Medicine* 73(5), pp. 693-701.
- Betancourt, T., McBain, R., Newnham, E., Brennan, R. (2013). Trajectories of internalizing problems in war-affected Sierra Leonean youth: Examining conflict and post-conflict factors. *Child Development* 84(2), pp. 455-470.
- Blodgett, C. (2013). A review of community efforts to mitigate and prevent adverse childhood experiences and trauma. Washington State University Extension.
- Bodas, M., Siman-Tov, M., Kreitler, S., Peleg, K. (2015). Assessment of emergency preparedness of households in Israel for war. *Disaster Medicine and Public Health Preparedness* 9, pp. 382-390.
- Bodas, M., Siman-Tov, M., Kreitler, S., Peleg, K. (2017). Psychological correlates of civilian preparedness for conflicts. *Disaster Medicine and Public Health Preparedness* 11, pp. 451-459.
- Boden, M. T., Thompson, R. J. (2015). Facets of emotional awareness and associations with emotion regulation and depression. *Emotion* 15, pp. 399–410. doi: 10.1037/emo0000057.

- Brodsky, A., Welsh, E., Carrillo, A., Talwar, G., Scheibler, J., Butler, T. (2011). Between synergy and conflict: Balancing the processes of organizational and individual resilience in an Afghan women's community. *American Journal of Community Psychology* 47, pp. 217-235.
- Butler, J., Young, J., McMyn, I., Leyshon, B., Graham, I., Walker, I., Baxter, J., Dodd, J., Warburton, C. (2015). Evaluating adaptive co-management as conservation conflict resolution: Learning from seals and salmon. *Journal of Environmental Management* 160, pp. 212-225.
- Cabrera, P., Auslander, W., Polgar, M. (2009). Future orientation of adolescents in foster care: Relationship to trauma, mental health, and HIV risk behaviors. *Journal of Child & Adolescent Trauma* 2, pp. 271-286. <http://dx.doi.org/10.1080/19361520903317311>.
- Carpenter, A. (2012). Havens in a firestorm: Perspectives from Baghdad on resilience to sectarian violence. *Civil Wars* 14(2), pp. 182-204.
- Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues* 54, pp. 245-266.
- Chandler, D., (2015). Rethinking the conflict-poverty nexus: From securitizing intervention to resilience. *International Journal of Security & Development* 4(1), p. 13.
- Corey, A., Joireman, S. F. (2004). Retributive justice: the Gacaca courts in Rwanda. *African Affairs* 103(410), pp. 73-89.
- Cox, F., Sisk, T. (eds.) (2017). *Peacebuilding in deeply divided societies: Toward social cohesion?* Springer.
- Cummings, M., Merrilees, C., Taylor, L., Mondri, C. (2017). Developmental and social-ecological perspectives on children, political violence, and armed conflict. *Development and Psychopathology* 29, pp. 1-10.
- Dushimirimana, F., Sezibera, V., Auerbach, C. (2014). Pathways to resilience in post genocide Rwanda: a resources efficacy model. *Intervention* 12(2), pp. 219-230.
- Dyregrov, A., Gupta, L., Gjestad, R., Mukanoheli, E. (2000). Trauma exposure and psychological reactions to genocide among Rwandan children. *Journal of Traumatic Stress* 13, pp. 3-21.
- Eggerman, M., Panter-Brick, C. (2010). Suffering, hope and entrapment: Resilience and cultural values in Afghanistan. *Social Science and Medicine* 71, pp. 71-83.
- Elder, G. H., Clipp, E. C. (1989). Combat experience and emotional health: Impairment and resilience in later life. *Journal of Personality* 57(2), pp. 311-341.
- En-Ming Chang, Li-Sheng Chen, Yang-Tzu Li, Chi-Tsung Chen (2023). Associations Between Self-Management Behaviors and Psychological Resilience in Patients With COPD. *Respiratory Care* 68(4), pp. 511-519; DOI: <https://doi.org/10.4187/respcare.10416>.
- Epstein, R. M., Krasner, M. S. (2013). Physician Resilience: What It Means, Why It Matters, and How to Promote It. *Academic Medicine* 88, pp. 301-303.
- Fazel, M., Reed, R. V., Panter-Brick, C., Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet*, 379(9812), pp. 266-282.
- Folke, C., Hahn, T., Olsson, P., Norberg, J. (2005). Adaptive governance of social-ecological systems. *Annual Review of Environmental Resources* 30, pp. 441-473.
- Gillespie, B. M., Chaboyer, W., Wallis, M. (2007). Development of a theoretically derived model of resilience through concept analysis. *Contemporary Nurse* 25(1-2), pp. 124-135.
- Glenette Robinson, M. (2003). The relationship between self-directed learning readiness and resilience among graduate students. PhD dissertation, University of Tennessee. https://trace.tennessee.edu/utk_graddiss/5180.
- Gurung, T., Bousquet, F., Trebil, G. (2006). Companion modeling, conflict resolution, and institution building: Sharing irrigation water in the Lingmuteychu Watershed, Bhutan. *Ecology and Society* 11(2), p. 36.

- Halpern, D. F. (2003). *Thought and knowledge: An introduction to critical thinking* (4th ed). Lawrence Erlbaum Associates.
- Haraldseid-Driftland, C., Billett, S., Guise, V., Schibevaag, L., Alsvik, J. G., Fagerdal, B., Wiig, S. (2022). The role of collaborative learning in resilience in healthcare - a thematic qualitative meta-synthesis of resilience narratives. *BMC Health Services Research* 22(1), pp. 1-12.
- Hellin, J., Ratner, B., Meinzen-Dick, R., Lopez-Ridaura, S. (2018). Increasing social-ecological resilience within small-change agriculture in conflict-affected Guatemala. *Ecology and Society* 23(3), p. 5.
- Hill, P. C., Pargament, K. I., Hood, R. W., McCullough, M. E., Wyers, J. P., Larson, D. B., Zinnbauer, B. J. Conceptualizing Religion and Spirituality: Points of Commonality, Points of Departure. *Journal for the Theory of Social Behavior* 3(1), pp. 51-77.
- Hobfoll, S., Johnson, R., Canetti, D., Palmieri, P., et al (2012). Can people remain engaged and vigorous in the face of trauma? Palestinians in the West Bank and Gaza. *Psychiatry* 75(1), pp. 60-75.
- Hopper, E. K., Bassuk, E. L., Olivet, J. (2009). Shelter from the storm: Trauma-informed care in homelessness service settings. *The Open Health Services and Policy Journal* 2, pp. 131-151.
- Hynie, M., Umubyeyi, B., Gasanganwa, M. C. Bohr, Y., McGrath, S., Umuziga, P., Mukarusanga, B. (2015). Community resilience and community interventions for post-natal depression: Reflecting on maternal mental health in Rwanda. In Khanlou, N., Pilkington, F. B. (eds), *Women's mental health: Resistance and resilience in community and society*, pp. 343-356. Springer. https://doi.org/10.1007/978-3-319-17326-9_23.
- IRD (2019), Intra-family conflicts: a constant challenge to sustainable peace in Rwanda.
- Kaplan, S. (2013). Child survivors of the 1994 Rwandan genocide and trauma-related affect. *Journal of Social Issues* 69(1), pp. 92-110.
- Lambourne, W., Gitau, L. W. (2013). Psychosocial interventions, peacebuilding and development in Rwanda. *Journal of Peacebuilding and Development* 8(3), pp. 23-36.
- Lavi, I., Stone, M. (2011). Resilience and political violence: A cross-cultural study of moderating effects among Jewish- and Arab-Israeli youth. *Youth & Society*, 43(3), pp. 845-872.
- Law n° 32/2016 of 28/08/2016 governing persons and family [Republic of Rwanda].
- Levey, E., Oppenheim, C., Lange, B. et al (2016). A qualitative analysis of factors impacting resilience among youth in post-conflict Liberia. *Child and Adolescent Psychiatry and Mental Health* 10, p. 26.
- Li, D. (2004). Echoes of violence: Considerations on radio and genocide in Rwanda. *Journal of Genocide Research* 6(1), pp. 9-27.
- Litz B. T. (2014). Resilience in the aftermath of war trauma: a critical review and commentary. *Royal Society: Interface Focus* 4:5. <https://doi.org/10.1098/rsfs.2014.0008>.
- Lordos, A., Hyslop, D. (2021). The assessment of multisystemic resilience in conflict-affected populations. In Ungar, M. (ed), *Multisystemic resilience: Adaptation and transformation in contexts of change*, Oxford University Press, pp. 431-466.
- Lordos, A., Ioannou, M., Rutembesa, E. et al (2021). Societal Healing in Rwanda: Toward a Multisystemic Framework for Mental Health, Social Cohesion, and Sustainable Livelihoods among Survivors and Perpetrators of the Genocide against the Tutsi. *Health and Human Rights* 23(1), pp. 105-118.
- Mariani, R., Renzi, A., Di Trani, M. et al (2020). The Impact of Coping Strategies and Perceived Family Support on Depressive and Anxious Symptomatology during the Coronavirus Pandemic (COVID-19) Lockdown. *Front. Psychiatry* 11, 587724. doi:10.3389/fpsy.2020.587724.
- Mayersen, D. (2012). 'Deep Cleavages that Divide': The Origins and Development of Ethnic Violence in Rwanda. *Critical Race and Whiteness Studies*, 8(2), pp. 1-17.

- McCaul, B., Mitsidou, A. (2016). Analysis of the resilience of communities to disasters: User guidance manual. GOAL.
- Jakovljevic, M. (2018). Empathy, sense of coherence and resilience: bridging personal, public and global mental health and conceptual synthesis. *Psychiatria Danubina* 30, no. 4, pp. 380-384.
- Mitra, S., Mulligan, J., Schilling, J. et al (2017). Developing risk or resilience? Effects of slum upgrading on the social contract and social cohesion in Kibera, Nairobi. *Environment & Urbanization* 29(1), pp. 103-122.
- Nathiya, D., Singh, P., Suman, S. et al (2020). Mental Health Problems and Impact on Youth Minds during the COVID-19 Outbreak: Cross-Sectional (RED-COVID) Survey. *Soc. Health Behav.* 3(3), p. 83. doi: 10.4103/SHB.SHB_32_20.
- National Institute of Statistics of Rwanda (2022). Population and Housing Census, Rwanda 2022: Thematic Report on Population Size, Structure and Spatial Distribution. file:///C:/Users/USER/Downloads/RPHC5%20Thematic%20Report_Population%20size,%20structure%20and%20distribution.pdf.
- Nguyen-Gillham, V., Giacaman, R., Naser, G., Boyce, W. (2008). Normalizing the abnormal: Palestinian youth and the contradictions of resilience in protracted conflict. *Health and Social Care in the Community* 16(3), pp. 291-298.
- NISR (2022). Rwanda 2022: Thematic Report on Population Size, Structure and Spatial Distribution.
- Norris, F. H., Stevens, S. P., Pfefferbaum, B. et al (2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *American Journal of Community Psychology* 41(1), pp. 127-150.
- NURC (2020). Rwanda Reconciliation Barometer. Kigali.
- Nurmi, J. E. (2005). Thinking about and acting upon the future: Development of future orientation across the life span. In Strathman A., Joireman J. (eds.), *Understanding Behavior in the Context of Time: Theory, research, and application*. Erlbaum, pp. 31-57.
- Odero, K. (2006). Information capital: Sixth asset of sustainable livelihood framework. *Discovery and Innovation* 18(2), pp. 83-91.
- OECD (2014). Guidelines for resilience systems analysis. OECD Publishing.
- Otake, Y. (2017). Life Goes On: Psychosocial Suffering from war and healing pathways in northern Rwanda. Doctoral dissertation, London School of Hygiene & Tropical Medicine.
- Otake, Y. (2018). Community resilience and long-term impacts of mental health and psychosocial support in northern Rwanda. *Medical Sciences* 6(4), p. 94.
- Otake, Y., Tamming, T. (2021). Sociality and temporality in local experiences of distress and healing: Ethnographic research in northern Rwanda. *Transcultural Psychiatry* 58(4), pp. 546-560.
- Panther-Brick, C., Goodman, A., Tol, W., Eggerman, M. (2011). Mental health and childhood adversities: A longitudinal study in Kabul, Afghanistan. *Journal of the American Academy of Child and Adolescent Psychiatry* 50(4), pp. 349-363.
- Pinho, V. D., Falcone, E. M. O. (2017). Relações entre Empatia, Resiliência e Perdão Interpessoal [Relation between Empathy, Resilience and Interpersonal Forgiveness]. *Revista Brasileira de Terapias Cognitivas* 13(2), pp. 138-146. <https://doi.org/10.5935/1808-5687.20170019>.
- Poole, J. C., Dobson, K. S., Pusch, D. (2017). Anxiety among adults with a history of childhood adversity: Psychological resilience moderates the indirect effect of emotion dysregulation. *J. Affect. Disord.* 217, pp. 144-152. doi: 10.1016/j.jad.2017.03.047.
- Pulla, V. R., Kalinganire, C. (2021). The 1994 Genocide against the Tutsi in Rwanda. *Space and Culture, India* 9(3), pp. 17-31.

- Ratner, B., Mam, K., Halpern, G. (2014). Collaborating for resilience: Conflict, collective action and transformation on Cambodia's Tonle Sap Lake. *Ecology and Society* 19(3), p. 31.
- Ratner, B., Meinzen-Dick, R., May, C., Haglund, E. (2013). Resource conflict, collective action, and resilience: An analytical framework. *International Journal of the Commons* 7(1), pp. 183-208.
- Republic of Rwanda (2017). National Strategy for Transformation (NST 1), 2017-2024.
- Richters, A. (2015). Enhancing family and community resilience and wellbeing across the generations: The contribution of community-based sociotherapy in post-genocide Rwanda. *International Journal of Emergency Mental Health and Human Resilience* 17(3), pp. 661-662.
- Robbins, R. N., Bryan, A. (2004). Relationships between future orientation, impulsive sensation seeking, and risk behavior among adjudicated adolescents. *Journal of Adolescent Research* 19, pp. 428-445. [http:// dx.doi.org/10.1177/0743558403258860](http://dx.doi.org/10.1177/0743558403258860).
- Rutembesa, E., Ndimukaga, E., Lordos, A., et al (2021). Reinforcing Societal Healing: A Mixed Methods Study of Social Cohesion, Mental Health, and Livelihoods in Bugesera District, Rwanda. Interpeace.
- Rwanda Biomedical Centre (2018). Rwanda Mental Health Survey 2018.
- Scoones, I. (1998). Sustainable rural livelihoods: A framework for analysis. IDS Working Paper No. 72. Institute of Development Studies.
- Seginer, R. (2008). Future orientation in times of threat and challenge: How resilient adolescents construct their future. *International Journal of Behavioral Development* 32, pp. 272-282. <http://dx.doi.org/10.1177/0165025408090970>.
- Seginer, R. (2009). *Future orientation: Developmental and ecological perspectives*. Springer. <http://dx.doi.org/10.1007/b106810>.
- Segovia, F., Moore, J., Linnville, S. et al (2012). Optimism predicts resilience in repatriated prisoners of war: A 37-year longitudinal study. *Journal of Traumatic Stress* 25, pp. 330-336.
- Shevell, M. C., Denov, M. S. (2021). A multidimensional model of resilience: Family, community, national, global and intergenerational resilience. *Child Abuse & Neglect* 119, 105035.
- Shoshani, A., Stone, M. (2016). The resilience function of character strengths in the face of war and protracted conflicts. *Frontiers in Psychiatry* 6:2006.
- Simpson, G, Makoond, A., Vinck, P., Pham, P. (2016). Assessing resilience for peace: A guidance note. Interpeace.
- Siriwardhana, C., Ali, S., Roberts, B., Stewart, R. (2014). A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Conflict and Health* 8, p. 13.
- Slone, M., Shoshani, A. (2017). Children affected by war and armed conflict: Parental protective factors and resistance to mental health symptoms. *Frontiers in Psychiatry* 8, pp. 1397.
- Smith, D. N. (1995). The genesis of genocide in Rwanda: the fatal dialectic of class and ethnicity. *Humanity & Society* 19(4), pp. 57-73.
- Sonn C. C., Fisher A. T. (1998). Sense of community: community resilient responses to oppression and change. *Journal of Community Psychology* 26, pp. 457-472.
- Szabó, Z. (2021). The Rwandan Patriotic Front 1990-1994. *Journal of Central and Eastern European African Studies* 1(3), pp. 167-170.
- Tamming, T., Otake, Y. (2020). Linking coping strategies to locally-perceived etiologies of mental distress in northern Rwanda. *BMJ Global Health* 5(7), e002304.
- Tol, W., Song, S., Jordans, M. (2013). Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict – a systematic review of findings in low- and middle-income countries. *Journal of Child Psychology and Psychiatry* 54(4), pp. 445-460.

- UNDP (2014). Community based resilience analysis (CoBRA): Conceptual framework and methodology. https://www.undp.org/content/undp/en/home/ourwork/global-policy-centres/sustainable_landmanagement/resilience/cobra/.
- UNICEF (2017). Reimagining life skills and citizenship education in the Middle East and North Africa: A four-dimensional and systems approach to 21st Century skills.
- United Nations (2019). UN common guidance on helping build resilient societies.
- Vaughan, E., Henly-Shepard, S. (2018). Risk and Resilience Assessments. Resilience measurement practical guidance note series 1. Mercy Corps. <https://spark.adobe.com/page/rSG16sulleW7d/>.
- Verduin, F., Smid, G. E., Wind, T. R., Scholte, W. F. (2014). In search of links between social capital, mental health and sociotherapy: A longitudinal study in Rwanda. *Soc. Sci. Med.* 121, pp. 1–9.
- Vinayak S, Judge J. (2018). Resilience and empathy as predictors of psychological wellbeing among adolescents. *Int. J. Health Sci. Res* 8(4), pp. 192-200.
- Vivekananda, J., Schilling, J., Smith, D. (2014). Climate resilience in fragile and conflict-affected societies: Concepts and approaches. *Development in Practice* 24(4), pp. 487-501.
- Wang, H. H., Wu, S. Z., Liu, Y. Y. (2003). Association between social support and health outcomes: a meta-analysis. *Kaohsiung journal of medical sciences* 19(7), p. 345-350.
- Witter, S., Wurie, H., Chandiwana, P., et al (2017). How do health workers experience and cope with shocks? Learning from four fragile and conflict-affected health systems in Uganda, Sierra Leone, Zimbabwe and Cambodia. *Health Policy and Planning* 32(3), pp. 3-13.
- Zeier, P., Sandner, M., Wessa, M. (2019). Emotion regulation in the face of stress: Investigating reappraisal inventiveness as a potential resilience mechanism. *Psychoneuroendocrinology* 100, pp. 1–5. doi: 10.1016/j.psyneuen.2018.12.034.
- Zraly, M., Nyirazinyoye, L. (2010). Don't let the suffering make you fade away: An ethnographic study of resilience among survivors of genocide-rape in southern Rwanda. *Social science & medicine* 70(10), pp. 1656-1664.

APPENDICES

Annex 1: Glossary of Kinyarwanda terms

Abunzi Mediation Committees. Potential litigants must seek mediation from *Abunzi* committees before they can bring their cases before a court. The committees' organisation, jurisdiction, competence and functioning are set out in Law No. 37/2016 of 08/09/2016. *Abunzi* are persons known within their communities for personal integrity. Elected by the community at Cell and Sector levels in every District, they are asked to intervene when conflicts occur. They offer their services voluntarily, without remuneration.

Akarima k'igikoni ('kitchen garden'). This innovative programme enables families to eat more vegetables and live healthily and also save money. Gardens are commonly made in front of or behind homesteads and grow carrots, cabbages, onions, tomatoes and other vegetables.

ARCT Ruhuka. The National Organisation of Professional Trauma Counsellors was formed to address psychological conditions caused by the 1994 Genocide against the Tutsi. It started in 1998 and officially registered as a non-governmental organisation in 2004. '*Ruhuka*' means 'have a rest'.

Ejo heza ('better future'). This is a defined contribution scheme or pension scheme for both salaried and unsalaried people, established by the Government of Rwanda through the Ministry of Finance under Law No. 29/2017 of 29/06/2017. Investors open a savings account with a scheme administrator, overseen by the Rwanda Social Security Board (RSSB).

Gacaca courts. '*Gacaca*' can be translated as 'short grass': it refers to the public space where neighbourhood male elders traditionally met to solve local problems, notably family conflicts. The *Gacaca* judicial system was adopted in 2001, modified and complemented by Organic Law No. 16/2004 of 19/06/2004. *Gacaca* Courts prosecuted and tried individuals who committed the crime of genocide or other crimes against humanity between 1 October 1990 and 31 December 1994. The courts closed on 12 June 2012. An alternative and transitional justice mechanism, they played a crucial role in communal healing and rebuilding after the 1994 genocide against the Tutsi.

Girinka "one cow per poor family programme". This homegrown initiative has improved the socio-economic wellbeing of very poor families by distributing milk cows. To spread the programme's benefits, the first calf of each donated cow is given to another selected family. The major objectives of the *Girinka* programme are to: reduce poverty through dairy cattle farming; improve livelihoods by increasing milk consumption and family incomes; raise agricultural productivity by using manure as fertiliser; and enhance soil quality and reduce erosion by planting grass and trees.

Ibimina. This informal savings scheme enables members to save more, access microloans, and increase their income. Participants are able to obtain credit, health, education, and housing services, acquire household assets, and access investment opportunities in small businesses and farming.

Ikayi y'imihigo y'umuryango. This is a notebook in which households record performance contracts. Household members use it to plan achievable socio-economic targets, evaluate them annually, and report solutions to challenges they encounter.

Imbuto Foundation. In 2001, Protection and Care of Families against HIV/AIDS (PACFA) was established under the Office of the First Lady to mobilise resources to combat HIV/AIDS. The initiative focused primarily on

giving dignity to the lives of affected families, including women deliberately infected with HIV/AIDS during the genocide against the Tutsi. In 2007 PACFA changed its name to Imbuto Foundation to reflect its expansion into new fields of activity, including health, education, youth and economic empowerment. '*Imbuto*' means 'seed'. A seed that is well-planted, watered, nurtured and given support grows into a healthy plant. This vision shapes the Imbuto Foundation's mission.

Inama y'umuryango (family council). Law N°32/2016 of 28/08/2016 governing persons and family states that the family council is an organ within the family especially responsible for safeguarding the interests of family members and settling family disputes (Article 162). Its responsibilities include: "1° to protect the interests of the family; 2° to listen and to settle disputes relating to succession and any other dispute arising in the family".

Inshuti z'umuryango (IZU) ('friends of the family'). In 2015, through the Ministry of Gender and Family Promotion (MIGEPROF) and the National Commission on Children (NCC), the government of Rwanda established a community-based child and family protection group of volunteers. Composed of one man and one woman at village level, IZU volunteers are responsible for promoting child rights; protecting children from violence, abuse, and exploitation; mobilising against early pregnancies and dropping out of school; and promoting equal rights for children with disabilities.

Inteko z'abatwariye. This is a community gathering normally organised at cell level that resolves conflicts and communicates government programmes.

Itorero. This learning institution was reintroduced in 2007 by the Government of Rwanda to help rebuild the nation's social fabric, mobilise Rwandans to uphold important cultural values, and deepen citizens' dedication to their country. Law N° 41/2013 OF 16/06/2013 later established the National Itorero Commission and defined its mission, organisation and functioning. Before colonisation, *itorero* was a form of traditional school that instilled Rwandan values, such as work and patriotism. Nowadays, *itorero* focus on delivering lessons on Rwanda's history and culture, and physical activities; they aim to restore positive cultural values which were lost during colonisation. *Itorero* sessions are adapted to meet the needs of their participants. For example, teachers and health workers cover activities related to their profession while local leaders are trained in public service delivery and good governance.

MAJ (Maison d'Accès à la Justice). The Access to Justice Bureau is a decentralised service that assists citizens to access justice and provides free legal aid to poor and vulnerable people.

Mutuelle de santé. This community-based health insurance programme was established by Prime Ministerial Order N° 034/01 of 13/01/2020. It helps people on low incomes to obtain medical care at an affordable cost. Families associate together and contribute regularly, enabling them to insure their health and pay for medical care.

Mvura nkuvure (Heal me, I heal you). This community-based sociotherapy approach was introduced in Rwanda by Cora Dekker, a Dutch sociotherapist, in partnership with the Byumba Diocese of the Eglise Anglican du Rwanda (EAR). The aims were to improve psychosocial wellbeing and promote unity and reconciliation. Started on a small scale, first in the northern part of the country and later in the south-east, its very positive outcomes and the engagement of local communities led eight more districts to adopt it in 2014. Between 2014 and 2016, the Community Based Sociotherapy Program (CBSP) was implemented by a consortium consisting of Prison Fellowship Rwanda (PFR), EAR Byumba Diocese, and Duhumurizanye Iwacu Rwanda (DIR).

Ndi Umunyarwanda ('I am Rwandan'). This programme is designed to build a national identity based on trust and dignity. It does so by providing a local forum in which Rwandans can talk about the causes and consequences of the genocide as well as what it means to be Rwandan. *Ndi Umunyarwanda* is also about determination to deepen nationalism, patriotism and love of country.

Shisha kibondo ('grow vigorously, baby') is a flour used to make a highly nutritious complementary porridge that prevents child stunting. There are two products. '*Shisha Kibondo* Mother' is a mix of maize, soya, vitamins, and minerals for pregnant mothers or breastfeeding women. '*Shisha Kibondo* Infant' is a mix of maize, soya, milk powder, sugar, vitamins, and minerals for infants and young children older than 6 months. Both products are mixed with water and cooked as porridge.

Ubudehe is an expression of neighbourhood mutual assistance that Rwandans practise to solve their socio-economic problems. In the past, it focused on ensuring timely agricultural operations for food security purposes. The *Ubudehe* programme was institutionalised as a home-grown initiative (HGI) and complements Rwanda's social protection programmes in addressing the country's socio-developmental challenges. Its participatory approach enhances its legitimacy. It spreads community understanding of services by providing planning data and collecting feedback.

Ubunyarwanda ('Rwandanness'). Rwandans have lived together since ancient times and overcame their problems by staying and working together. '*Ubunyarwanda*' is an old word that implies patriotism and consideration of Rwanda as a country for all; it affirms that Rwanda's people have a single identity as Rwandans, rather than other possible identities.

Umuganda ('community work' or 'coming together in common purpose to achieve an outcome'). In use before and during colonisation, it was reintroduced immediately after independence in 1962 as an individual contribution to nation building. It was often referred to as '*umubyizi*', meaning 'a day set aside by friends and family to help each other'. Later, it became an official government programme organised once a week. As part of efforts to rebuild the country after the 1994 genocide against the Tutsi, Law No. 53/2007 of 17/11/2007 restored community work for the purpose of completing activities of public interest and advancing the country's development. *Umuganda* takes place on the last Saturday of each month from 8 a.m. and lasts for at least three hours.

Umugoroba w'imiryango. In these village gatherings, residents discuss a range of community social-economic and cultural issues. They can take the form of lectures, performances, family visits, meetings, and other forms.

Umwarimu SACCO. '*Umwarimu*' means 'teacher'. Umwarimu SACCO is a saving and credit cooperative that enables teachers to acquire loans for investment in income-generating activities or to address other economic issues.

Vision 2020 Umurenge program (VUP). Originally established as a flagship program in the first Economic Development and Poverty Reduction Strategy (EDPRS), the VUP remains key to the delivery of a range of national targets under the first National Strategy for Transformation (2018-2024) and realisation of Vision 2050. Currently, its implementation pivots on three major components: the safety net component (direct support, nutrition sensitive direct support, expanded public works, classic public works); the livelihoods development component (asset transfers, skills development, and financial services); and the sensitisation and community mobilisation component (proximity advisory services, public communication). It leverages technical and financial assistance to reduce poverty in Rwanda, making use of the decentralisation system.

Annex 2: Overview of sources on resilience in Rwanda (from the literature review)

Title/Journal	Research Methods	Population under investigation	Identified sources of resilience
<p>Don't let the suffering make you fade away: An ethnographic study of resilience among survivors of genocide-rape in southern Rwanda. <i>Social science & medicine</i> 70(10), pp. 1656-1664.</p>	<p>Ethnographic data based on interviews and observation</p>	<p>Genocide-rape survivors, women and girls aged from 18 to 59 years old.</p>	<p>Patience; withstanding; speaking out about genocide; courage; emotional expression; being with people who shared the same wounds; find comfort in others; provide comfort to others; express problems to persons you trust; seek support; find meaning in struggles; distract yourself from thoughts by connecting with others.</p>
<p>Betancourt, T. S., Meyers-Ohki, S., Stulac, S. N. et al (2011). Nothing can defeat combined hands (<i>Abashize hamwe ntakibananira</i>): Protective processes and resilience in Rwandan children and families affected by HIV/AIDS. <i>Social Science & Medicine</i> 73(5), pp. 693-701.</p>	<p>Interviews and exercises</p>	<p>Children affected by HIV/AIDS.</p>	<p>*Individual Patience; perseverance; hard-work; well-behaved; self-esteem; active maintenance of social ties; accept problems as a part of life; cognitively reframe with a future orientation ("life goes on despite adversities"); have purpose; set goals; have aspirations; hope; optimism. *Familial-good parenting Talk with and listen to children; express love and affection; set rules and discipline; raise children with values; contribute to the community; train children to acquire skills and be open-minded; show respect; talk together to reach agreement; trust. *Communal Obtain support from others; visit others; take care of those who are sick or poor.</p>
<p>Lambourne, W., Gitau, L. W. (2013). Psychosocial interventions, peace-building and development in Rwanda.</p>	<p>Literature review</p>	<p>Genocide survivors</p>	<p>Spirituality; build a shared sense of identity (Rwandans); local organisations support vulnerable groups; local initiatives promote unity; local courts ensure community justice and security; healing individual trauma in communities to develop resilience; share suffering; cohesion and sustainable peace; income-generation projects.</p>
<p>Dushimirimana, F., Sezibera, V., Auerbach, C. (2014). Pathways to resilience in post genocide Rwanda: a resources efficacy model.</p>	<p>Qualitative research</p>	<p>Genocide survivors aged from 22 to 36 years old.</p>	<p>Material support; financial support and advice from local organisations; implement restorative justice at local level; help each other; solidarity; leave the past behind; future orientation; set goals; forgiveness; conflict resolution; spirituality; self-efficacy to build a better future; flexibility; hope; optimism; the government's reconciliation and unity policy.</p>

Title/Journal	Research Methods	Population under investigation	Identified sources of resilience
Hynie, M., Umubyeyi, B., Gasanganwa, M. C. et al (2015). Community resilience and community interventions for post-natal depression: Reflecting on maternal mental health in Rwanda.	Chapter in literature review: pilot-intervention to eliminate post-perinatal depression	Mothers after giving birth	High level of education; close friendships; supportive community network to speak to and obtain support (emotional, informational, material); support and psychoeducation from health care specialists; active listening; creating meaning.
Richters, A. (2015). Enhancing family and community resilience and wellbeing across the generations: The contribution of community-based sociotherapy in post-genocide Rwanda.	Literature review on sociotherapy in the community	Community members	Socialise with neighbours and build a network; safety; trust; care; respect; new life orientation; memory; equality; democracy; here-and-now; responsibility; participation; learning-by-doing.
Otake, Y. (2017). Life Goes On: Psychosocial suffering from war and healing pathways in northern Rwanda	Qualitative research: interviews, focus groups, observation	Community members from Musanze district; genocide survivors	Leave the past behind; perceive that life goes on; make sense of suffering and move forward to the future by participating in community groups, church-based groups, mutual-saving groups; neighbourhood relationships; community activities; live-event ceremonies.
Otake, Y. (2018). Community resilience and long-term impacts of mental health and psychosocial support in northern Rwanda.	Qualitative research; individual interviews	Community residents	Share experiences of suffering and life challenges; express wounds and feelings; financial support; help with livelihoods from NGOs and government; attend church-based groups; pray together; spirituality; join neighbourhood and kinship groups; reconcile through sharing and helping each other; collaborative problem-solving skills; share food and livelihood materials.
Tamming, T., Otake, Y. (2020). Linking coping strategies to locally perceived etiologies of mental distress in northern Rwanda.	Qualitative research; interviews, focus groups, observation	15 community members from Musanze district; genocide survivors who experienced distress	Spiritual coping as a distractive mechanism in trauma; spirituality generates hope and social connection; consult traditional healers; seek medicine from the hospital for biomedical issues; family members and neighbours support each other and share everyday life; families support sufferers in the family setting, contributing to their healing.
Otake, Y., Tamming, T. (2021). Sociality and temporality in local experiences of distress and healing: Ethnographic research in northern Rwanda.	Qualitative research; interviews, focus groups, observation	Community members from Musanze district; genocide survivors	Social reconnection; let the past go; future orientation; join spiritual groups and mutual-saving groups. In mutual-saving groups, people take collective action to tackle financial problems and make future plans for livelihood and development.

Title/Journal	Research Methods	Population under investigation	Identified sources of resilience
<p>Lordos, A., Ioannou, M., Rutenbergsa, E. et al (2021). Societal Healing in Rwanda: Toward a Multisystemic Framework for Mental Health, Social Cohesion, and Sustainable Livelihoods among Survivors and Perpetrators of the Genocide against the Tutsi.</p>	<p>Participatory action research, including desk reviews, interviews, and focus groups</p>	<p>Survivors, perpetrators, and the institutions that provide support services to them</p>	<p>Diverse cross-sectoral programmes to promote societal healing, recovery, and resilience, including through a decentralised mental health sector; psychotherapy; practical reconciliation through collaborative livelihoods; multidimensional prisoner reintegration programmes; youth or parent focused interventions to interrupt the transmission of inter-generational trauma.</p> <p>Individual resilience</p> <p>Find internal strengths; acceptance; move forward; fight for survival; overcome stigma and social exclusion.</p> <p>Family resilience</p> <p>Parents' nurture and responsiveness to basic needs; youth with vision and future orientation; family unity; trust; hope; spirituality.</p> <p>Community resilience</p> <p>Supportive community structures; social norms of talking and sharing; visiting, especially vulnerable persons; working together and helping each other.</p> <p>National resilience</p> <p>Commemorations; national memorials; national efforts at unity; institutions that facilitate reconciliation.</p> <p>Intergenerational resilience</p> <p>Parents who adapt to trauma enable resilience resources to be transmitted to the younger generation; youth respect and work for the family; youth nurture peer relationships with those who share similar wounds.</p>
<p>Shevell, M. C., Denov, M. S. (2021). A multidimensional model of resilience: Family, community, national, global and intergenerational resilience.</p>	<p>Conceptual review of multisystemic resilience, with Rwanda as the case study</p>	<p>Survivors, and communities as a whole</p>	<p>Individual resilience</p> <p>Find internal strengths; acceptance; move forward; fight for survival; overcome stigma and social exclusion.</p> <p>Family resilience</p> <p>Parents' nurture and responsiveness to basic needs; youth with vision and future orientation; family unity; trust; hope; spirituality.</p> <p>Community resilience</p> <p>Supportive community structures; social norms of talking and sharing; visiting, especially vulnerable persons; working together and helping each other.</p> <p>National resilience</p> <p>Commemorations; national memorials; national efforts at unity; institutions that facilitate reconciliation.</p> <p>Intergenerational resilience</p> <p>Parents who adapt to trauma enable resilience resources to be transmitted to the younger generation; youth respect and work for the family; youth nurture peer relationships with those who share similar wounds.</p>

Annex 3: Districts and the sectors selected for data collection

S/No		District	Sectors
1		Nyabihu	Urban: Mukamiira
			Model: Kabatwa
			Rural: Rurembo
2		Ruhango	Urban: Ruhango
			Model: Kinazi
			Rural: Kinihira
3		Kamonyi	Urban: Gacurabwenge
			Model: Rukoma
			Rural: Nyarubaka
4		Nyanza	Urban: Busasamana
			Model: Busoro
			Rural: Cyabakamyi
5		Huye	Urban: Ngoma
			Model: Kigoma
			Rural: Karama
6		Muhanga	Urban: Nyamabuye
			Model: Mushishiro
			Rural: Shyogwe
7		Nyamagabe	Urban: Gasaka
			Model: Gatara
			Rural: Kamegeri

S/No			District	Sectors
8			Nyaruguru	Urban: Kibeho
				Model: Mata
				Rural: Nyabimata
9			Gisagara	Urban: Ndora
				Model: Mamba
				Rural: Muganza
10			Rutsiro	Urban: Gihanga
				Model: Boneza
				Rural: Rusebeya
11			Nyamasheke	Urban: Kagano
				Model: Kanjongo
				Rural: Rangiro
12			Karongi	Urban: Rubengera
				Model: Twumba
				Rural: Murundi
13			Rubavu	Urban: Gisenyi
				Model: Busasamana
				Rural: Cyanzarwe
14			Ngororero	Urban: Ngororero
				Model: Kabaya
				Rural: Kageyo
15			Rusizi	Urban: Kamembe
				Model: Rwimbogo
				Rural: Nkombo

S/No		District	Sectors
16		Gasabo	Urban: Remera
			Model: Kimironko
			Rural: Gikomero
17		Nyarugenge	Urban: Nyarugenge
			Model: Muhima
			Rural: Kanyinya
18		Kicukiro	Urban: Kagarama
			Model: Niboyi
			Rural: Masaka
19		Bugesera	Rural: Masaka
			Urban: Nyamata
			Model: Ruhuha
20		Kirehe	Urban: Kirehe
			Model: Kigina
			Rural: Mushikiri
21		Ngoma	Urban: Kibungo
			Model: Rukira
			Rural: Gashanda
22		Gatsibo	Urban: Kabarore
			Model: Rwimbogo
			Rural: Gasange
23		Gakenke	Urban: Gakenke
			Model: Ruli
			Rural: Muzo

S/No		District	Sectors
24		Rulindo	Urban: Bushoki
			Model: Kinihira
			Rural: Mbogo
25		Burera	Urban: Rusarabuye
			Model: Cyanika
			Rural: Gitovu
26		Musanze	Urban: Muhoza
			Model: Kinigi
			Rural: Gashaki
27		Gicumbi	Urban: Byumba
			Model: Rutare
			Rural: Bwisige
28		Rwamagana	Urban: Kigabiro
			Model: Karengye
			Rural: Munyaga
29		Kayonza	Urban: Mukarange
			Model: Kabarondo
			Rural: Ndego
30		Nyagatare	Urban: Nyagatare
			Model: Karangazi
			Rural: Mimuri

Annex 4: Distribution of participants in FGDs, by district

No	District	Number of participants
1	Bugesera	100
2	Burera	91
3	Gakenke	103
4	Gasabo	97
5	Gatsibo	93
6	Gicumbi	103
7	Gisagara	112
8	Huye	104
9	Kamonyi	95
10	Karongi	104
11	Kayonza	106
12	Kicukiro	85
13	Kirehe	101
14	Muhanga	106
15	Musanze	103
16	Ngoma	93
17	Ngororero	92
18	Nyabihu	97
19	Nyagatare	101
20	Nyamagabe	109
21	Nyamasheke	110
22	Nyanza	102
23	Nyarugenge	86
24	Nyaruguru	102
25	Rubavu	99
26	Ruhango	105
27	Rulindo	104
28	Rusizi	105
29	Rutsiro	97
30	Rwamagana	92
Total		2,997

Annex 5: Distribution of respondents (questionnaire), by district

No.	District	Minimum number of expected questionnaires per district	Number of respondents	Participant turnout
1	Bugesera	135	139	102.9%
2	Burera	135	149	110.3%
3	Gakenke	135	137	101.4%
4	Gasabo	135	146	108.1%
5	Gatsibo	135	151	111.8%
6	Gicumbi	135	136	100.7%
7	Gisagara	135	154	114%
8	Huye	135	156	115.5%
9	Kamonyi	135	148	109.6%
10	Karongi	135	136	100.7%
11	Kayonza	135	142	105.1%
12	Kicukiro	135	167	123.7%
13	Kirehe	135	141	104.4%
14	Muhanga	135	143	105.9%
15	Musanze	135	143	105.9%
16	Ngoma	135	142	105.1%
17	Ngororero	135	168	124.4%
18	Nyabihu	135	150	111.1%
19	Nyagatare	135	153	113.3%
20	Nyamagabe	135	140	103.7%
21	Nyamasheke	135	136	100.7%
22	Nyanza	135	186	137.7%
23	Nyarugenge	135	161	118.5%
24	Nyaruguru	135	157	116.2%
25	Rubavu	135	162	120%
26	Ruhango	135	140	103.7%
27	Rulindo	135	150	111.1%
28	Rusizi	135	137	101.4%
29	Rutsiro	135	172	127.4%
30	Rwamagana	135	142	105.1%
	Total	4,050	4,484	

Annex 6: Sources of resilience at household level

Assessed indicators	Sources of resilience
B1. Responsive and authoritative parenting	<ul style="list-style-type: none"> → Children are involved in family development projects. → Households have improved hygiene conditions in households after government sensitisation. → School feeding programmes have increased school attendance and reduced dropout rates. → Responsible leadership has made parents aware of child rights, including the right to universal primary and secondary education. → Social protection schemes are in place (community health insurance to support child health care, vaccination programmes, antenatal care for pregnant mothers, etc.). → Child feeding programmes and measures against stunting are in place. → The government has established ECD centres to promote child care.
B2. Gender equality in the household	<ul style="list-style-type: none"> → Attitudes on gender roles have changed for the better due to good government policies. → Strict legal frameworks support gender equality, including the law on inheritance that grants couples equal right to property, and laws that punish violence against women. → Programmes support the education of girls (such as the Imbutu Foundation).
B3. Intergenerational partnerships within the household	<ul style="list-style-type: none"> → Parents and their children support each other (<i>Umwana niwe wiha ingobyi</i>), meaning that a child who behaves well is provided with what he or she needs. → Parents understand the need to discuss Rwanda's history with their children after they have attended community gatherings. → Children uphold cultural values, for example by taking their elderly parents into their homes to support and care for them.
B4. Value-based family conversations	<ul style="list-style-type: none"> → Family members discuss current issues, supported by radio programmes and public talks by local leaders. → The majority of families participate in value-based education; most families live value-based lives that respect Rwandan cultural values and good morals. → The presence of <i>Itorero</i> at village level makes it easier to teach history to children and also sometimes to parents. → The national commemoration assists people to learn and understand the history of the country; it is used to educate the younger generation.
B5. Mechanisms to resolve family conflicts	<ul style="list-style-type: none"> → Government programmes resolve community conflicts peacefully (reconciliation committees, <i>abunzi</i>, <i>inshuti z'umuryango</i>, etc.). → Local leaders keep track of unresolved conflicts in their communities. → Religious leaders help to resolve conflicts among community members. → Family elders and friends help to resolve conflicts. → Social gatherings like <i>Umugoroba w'imiryango</i> help to resolve local conflicts.

Assessed indicators	Sources of resilience
B6. Entrepreneurial mindset	<ul style="list-style-type: none"> → Most people earn their living by casual labour. → People form cooperatives for economic activities; the leadership encourages them to do so. → Government initiatives to establish funding institutions like the BDF enable people to access credit and start businesses. → Youth are innovative and are actively involved in activities that can help to obtain income. → Even educated youth agree to do small jobs. → Performance contracts signed at family level (<i>ikayi y'imihigo y'umuryango</i>) have improved people's ability to work, and encourage them to think entrepreneurially.
B7. Access to sources of livelihood	<ul style="list-style-type: none"> → Government social protection programmes, such as Girinka and VUP have improved the livelihoods of people in category 1 and 2 of <i>Ubudehe</i>. → The VUP programme provides jobs for the poor. → The government provides subsidised fertiliser and improved seeds through RAB. → The local insurance scheme (<i>Mutuelle de santé</i>) improves people's livelihoods by enabling them to access health care at low cost. → Accessible roads help businesses; provision of electricity helps businesses (milling, hair salons, welding, etc.). → Local investors create employment. → Prosperous people share the costs of basic infrastructure with the government. → Citizens and the government both contribute to the costs of social protection.
B8. Connection with other families	<ul style="list-style-type: none"> → The <i>Ndi Umunyarwanda</i> programme helps people to live in harmony. → Social networks bring people together; for example, cooperation is evident at social gatherings such as weddings and burial ceremonies. → The community promotes credit and saving schemes for social development. → Local self-help programmes operate, in which neighbours help each other. → Credit and saving schemes bring people financial benefits but also bring them together.

Annex 7. Sources of fragility at household level

Assessed indicators	Sources of fragility
B1. Responsive and authoritative parenting	<ul style="list-style-type: none"> → Some parents neglect their parental responsibilities. → Some parents spend most of their time meeting their children's material needs and do not find time to talk to or play with their children. → Poverty prevents some parents from being able to satisfy their children's material needs. → Some men leave all parenting responsibilities to women, believing that their only responsibility is to meet their families' material needs. → Domestic conflicts, drunkenness and promiscuity. → Some parents leave the education of their children in the hands of housekeepers who, in most cases, are not well-educated. → Parents do not attend forums in which they would be reminded of their responsibilities. → Unruly children drop out of school. → Extreme forms of child labour are imposed by parents on their children.
B2. Gender equality within the household	<ul style="list-style-type: none"> → Some women misinterpret the principle of gender equality; they believe the principle means that it is women's turn to dominate. → Some parents do not treat their male and female children equally; especially in rural areas, boys are valued more. → Some parents, mostly men, hold the mistaken view that the parent who earns most should decide how the family and family property are managed. → Some men leave all family responsibilities to their wives on the pretext that their only role is to provide for their family's material needs. → Some wives who earn more than their husbands disrespect them; some men leave such wives, abandoning their families. → Some women use gender equality rights as a means to intimidate men who question them. → Patriarchal attitudes cause some men to resist gender equality. → Some women lack the confidence to accept responsibilities or seize opportunities that are available to them.
B3. Intergenerational partnership within the household	<ul style="list-style-type: none"> → Some children disrespect their parents in the mistaken belief that child rights make them untouchable. → Some older people do not understand the behaviour of young people. → Conflicts between children and parents occur over property. → Some busy parents neglect their children which leads to youth delinquency.

Assessed indicators	Sources of fragility
<p>B4. Value-based family conversations</p>	<ul style="list-style-type: none"> → Some busy parents do not teach their children about their own, or the community's history. They go to work early in the morning and come back when their children are asleep. → Some parents are not comfortable sharing their own past, or their community's history, with their children because they are ashamed of their role in the genocide or suffer from psychological wounds due to the genocide. → Some young people have no interest in the history of their community or their country. → Some young people do not listen to their parents; juvenile delinquency. → Some parents cannot teach their children, because they are themselves unfamiliar with their own, or their community's and country's history. → Some are wary and only discuss Rwanda's history within the family and in a biased way. → Some parents are ignorant of Rwandan history. → Some elders do not want to tell children their dark past because they are afraid that doing so will radicalise young people. → Some parents are unwilling to talk about the past because they carry unhealed wounds from the genocide. → Som people fear the law on genocide ideology, which can be applied to some historical conversations. → Perpetrators of genocide fear to tell their children and family about their role they have played.
<p>B5. Mechanisms to resolve family conflicts</p>	<ul style="list-style-type: none"> → Some men do not want to speak about abuse they have suffered from their wives. → Some of those who run local conflict resolution mechanisms are not diligent because they receive no payment for the work they do. → Some people conceal conflicts, which makes it more difficult to resolve them; such behaviour sometimes leads to cases of homicide. → Conflict resolution mechanisms have little technical capacity. → The parties to conflict, or others, sometimes undermine decisions reached by community conflict resolution mechanisms. → Cultural beliefs encourage some people to remain silent about spousal conflicts. → Some people do not trust community conflict resolution mechanisms; they report cases to local authorities instead.
<p>B6. Entrepreneurial mindset</p>	<ul style="list-style-type: none"> → The members of some families do not collaborate. → Poverty prevents some families from achieving their development goals. → Lack of finance prevents some families from being innovative or starting businesses. → Some citizens do not join saving and credit schemes (<i>ibimina</i>). → Some children do not help their parents to achieve the family's performance goals (<i>imihigo</i>). → Some people do not have the mental capacity to create innovative projects. → Some families lack startup capital. → High taxes; these particularly affect small businesses. → The government's requirements for starting a business are difficult to meet.

Assessed indicators	Sources of fragility
<p>B7. Access to sources of livelihoods</p>	<ul style="list-style-type: none"> → Some poor and vulnerable people do not have access to social protection assistance because some local leaders do not run the selection processes fairly. → Some regions lack basic infrastructure. → Unemployment prevents some citizens from obtaining income which they can invest to better their situation. → Some vulnerable people misuse government assistance, or assume that it will be available to them indefinitely. → Some beneficiaries of social protection programmes are able to work but make no effort to develop themselves because they assume the government will always assist them. → Limited financial capacity. → Funding organisations impose tough conditions that ordinary citizens cannot easily meet.
<p>B8. Connection with other families</p>	<ul style="list-style-type: none"> → Capitalism has made people self-centred. → Poverty in communities prevents people from helping one another. → People tend to socialise and cooperate with other people from the same social class. → Some families do not participate in shared social activities because they are uninterested, selfish, anti-social, or lack the time because they work long hours. → Land disputes or other family conflicts divide family members who are unwilling to attend events together. → Cultural traditions (such as supporting grieving family members) are in decline; some only send money. → Poverty causes personal conflicts in families, and sometimes in the community.

Annex 8: Sources of resilience at community level

Assessed indicators	Sources of resilience by indicator
<p>A1. Shared vision of the future</p>	<ul style="list-style-type: none"> → Ethnic divisions between members of the community are condemned and have diminished. → Citizens have reconciled, enabling them to live in harmony and share a common vision. → People work together in credit and saving schemes. → Decentralising services has improved service delivery. → Social protection schemes, such as <i>Girinka</i>, <i>VUP</i>, and cash transfer, assist the less privileged. → People work together to construct and maintain roads, especially during <i>Umuganda</i>. → Social networks support the vulnerable, and especially help to pay their medical insurance. → Inclusive leadership is creating fair opportunities for all citizens. → Financial services are more accessible. → The community-based health insurance scheme (<i>CBHIS</i>, <i>Mutuelle de Santé</i>) and other social security services are widely available. → Women participate in decision-making bodies, in line with the gender equality principle. → Citizens feel they ‘own’ government programmes. → All children have access to education.
<p>A2. Engagement in shared everyday community activities (<i>Umuganda</i>, <i>Inteko z'abaturage</i>, <i>ibimimina</i>, <i>umugoroba w'imiryango</i>, <i>itorero</i>, <i>imikino n'imyidagaduro</i>, etc.)</p>	<ul style="list-style-type: none"> → Citizens who have different historical backgrounds work together and set up saving and credit schemes. → People understand the benefits of participating in community activities. They participate in <i>Umuganda</i> and do so to help the poor (for example, people who lack decent shelter). → People participate in recreational activities and in doing so learn about government programmes, such as the <i>Mutuelle de santé</i>. → People work together in cooperatives and saving schemes. → Government programmes have been decentralised. → Land consolidation has increased land use and productivity. → Young people participate in community forums and in economic and other shared activities. → Citizens accept that they need to pay taxes; they understand the role of taxes in building the country.
<p>A3. Healing of divisions and conflicts</p>	<ul style="list-style-type: none"> → A significant number of genocide perpetrators have confessed and apologised for their crimes. → Community-based mechanisms and traditional practices help to solve and prevent conflicts. (The <i>Gacaca</i> courts judge genocide crimes, and the <i>Abunzi</i> committees settle various forms of dispute and conflict.) → Local leaders help to resolve conflicts using a range of forums (decentralisation). → Ethnicity and related divisive behaviours have been condemned and marginalised.

Assessed indicators	Sources of resilience by indicator
<p>A4. Integrating persons of different socio-demographic backgrounds</p>	<ul style="list-style-type: none"> → Good leadership helps to prevent conflicts; when conflicts occur, people use community conflict resolution mechanisms, such as <i>Inshuti z'umuryango</i> and <i>Abunzi</i>. → All categories of people hold leadership positions, including women and people with disabilities. → Social protection schemes are available. → Employment opportunities are available to all without discrimination. → People can move about freely. → Essential infrastructures are in place. → People enjoy equal access to services, facilities and basic infrastructure without discrimination. → The government helps citizens who live in dangerous areas to relocate to safe areas without any discrimination.
<p>A5. Participatory decision-making</p>	<ul style="list-style-type: none"> → Citizens and other stakeholders work together to support the less privileged. → Citizens and other stakeholders share the cost of building infrastructures. → Leadership is participatory; government programmes are planned and implemented consultatively. → Men and women participate in government programmes equally, without exclusion, whether they are educated or uneducated. → Community meetings, cooperatives, credit and saving schemes bring people together to fashion their future. → Everyone participates in building infrastructure, such as roads; every person is mobilised to contribute finance or labour. → Special programmes assist the poor and those with disabilities by providing their basic needs; this is evidence of inclusion. → A range of citizens are represented in local government; they meet often to discuss citizens' problems
<p>A6. Solidarity among community members</p>	<ul style="list-style-type: none"> → Government and other social protection schemes are widely available; they provide medical services, decent accommodation, school fees, etc. → Community solidarity mechanisms assist people with social and economic problems. → The Ministry of Disaster Management assists people affected by natural disasters. → Community health workers are present in every district. → Faith-based organisations promote decent values and morals among their members.

Assessed indicators	Sources of resilience by indicator
A7. Shared sense of national identity	<ul style="list-style-type: none"> → The leadership has abolished ethnic distinctions, including on national identity cards. → Social protection schemes are available to all, without discrimination. → National unity and reconciliation initiatives. → Cooperatives and saving associations bring people together. → The <i>Ndi Umunyarwanda</i> programme. → Unity and reconciliation initiatives after the Genocide against the Tutsi → Regionalism has been condemned and marginalised. → Education is available to all. → Mutual assistance is available to all members of communities without discrimination. → Employment opportunities are filled on merit; this helps people to identify as Rwandans and focus on the work that needs to be done rather than on useless ethnic profiling. → The government's prompt assistance to Rwandans who face problems abroad; this makes people proud to be Rwandan and less interested in other identities.

Annex 9: Sources of fragility at community level

Assessed indicator	Sources of fragility
A1. Shared vision for the future	<ul style="list-style-type: none"> → Some people do not participate in government programmes; this is especially true of young people and the elite. → Cases of domestic violence increase the incidence of divorce. → Poverty prevents people from working together. → The rich cooperate and work with the rich, leaving the poor behind. → Widespread use of social media limits social contacts between people; this is particularly true of youth. → Drug abuse undermines social cooperation and productivity. → High inflation raises the cost of living. → The leadership is not sufficiently responsive to unhealed wounds from the genocide. (For instance, the authorities have yet to build a memorial on a site where victims of genocide were burned.) → High rates of unemployment. → Poor medical services. → Poor agricultural harvests due to climate change. → High taxes hinder small businesses from starting and flourishing. → The absence of infrastructure, such as electricity, in some areas. → The lack of interest of some young people in their country's past. → Rigid regulations for the issue of construction permits.

Assessed indicator	Sources of fragility
<p>A2. Engagement in shared everyday community activities</p>	<ul style="list-style-type: none"> → Few people participate in <i>Umuganda</i> and community meetings; city people are always working to meet the high cost of living. → Young people have little interest in community activities. → Some government programmes (such as the <i>Igiceri</i> programme) are distressing and deter people. → Some rich people send their housekeepers to represent them at <i>Umuganda</i> and community meetings; as a result, they do not contribute and are unfamiliar with the decisions taken. → It is difficult for poor people to join saving associations; many live a hand to mouth existence and lack resources to invest. → Some young people do not participate in shared economic and social activities. → Few men participate in community evening family gatherings. → Some people feel no ownership of government programmes. → Some leaders of saving associations embezzle funds. → The authorities require citizens to pay a range of fees (security fees, sanitation fees, political party fees); they are expensive for many people and can cause resentment.
<p>A3. Healing of divisions and conflicts</p>	<ul style="list-style-type: none"> → Many people carry unhealed genocide wounds because they have not been able to trace and exhume the bodies of their loved ones or give them a decent burial. → Cases of genocide ideology persist. → Deep-seated enmities; some people pretend that they no longer have problems with former enemies, but deep inside they nurse their hate. → Some conflicts are resolved superficially; mechanisms mediate conflicts but a few days they flare up again. Particularly in conflicts within couples, one party may kill the other. → Some criminals remain at large in their communities and have not faced justice. → Some conflicts among community members end in murders. → Some people who looted and destroyed properties during the genocide against the Tutsi have still not paid compensation. → Idle people and drug abusers commit acts of violence in villages (<i>imidugudu</i>). → Land-related family conflicts. → Some community conflict resolution mechanisms are corrupt. → The RIB and the police are sometimes reluctant to punish thieves. → Some people take the law into their own hands instead of reporting problems to the responsible authorities.
<p>A4. Integrating persons of different socio-demographic backgrounds</p>	<ul style="list-style-type: none"> → The service for issuing construction permits is poor and marred by corruption. → Social protection schemes do not assist all those who meet their criteria; these services are marred by corruption too. → Job recruitment processes are discriminatory and nepotistic. → Youth unemployment is high. → Poverty. → Local government salaries are low, which discourages competent people from local government careers. → Pockets of insecurity exist; theft is a specific problem.

Assessed indicator	Sources of fragility
A5. Participatory decision-making	<ul style="list-style-type: none"> → Many government projects experience delays, which frustrates citizens who depend on them. → Some decisions and policies are top-down; for example, tax decisions are taken with little consultation. → Rich people do not participate in monthly community work (<i>Umuganda</i>). → Some local leaders fabricate facts (<i>raporo zitekinitse</i>). → Leaders do not involve citizens in the decisions they take; some leaders force citizens to implement activities that they did not approve and about which they were never consulted. → Domestic conflicts. → Some citizens respect and comply with religious leaders rather than with political leaders. → Some citizens, including young people, absent themselves from government programmes and meetings.
A6. Solidarity among community members	<ul style="list-style-type: none"> → Some social programmes have few development partners and the full burden of supporting the distressed falls on citizens and the government. → FBOs and CSOs sometimes make empty promises or do not deliver what they promised. → Some people cannot obtain medicines they are prescribed under the community-based health insurance scheme (<i>Mutuelle de Santé</i>). → Medical services are very expensive. → Some aid for the vulnerable is embezzled. → The budget of social protection programmes is too small. → Some members of the community conceal their problems, because of their cultural attitudes.
A7. Shared sense of national identity	<ul style="list-style-type: none"> → Some people, especially older people, still consider ethnicity important and make use of it. → Kinyarwanda is not socially respected, is associated with uneducated people, and inspires little pride; this poses a threat to Rwandan identity. → Rwandans show little pride in their country; this is especially true of competitive sports. → Genocide ideology continues to survive in some families. → Many people continue to carry unhealed wounds due to the genocide; this is particularly true of people whose properties were looted during the genocide but who have not received compensation because looters cannot pay them. → Divisionist ideology is present among some school children, who can be heard using discriminatory language. → Genocide ideology is present in some families; it is notably visible during genocide memorials.

Annex 10: Sources of resilience at institutional level

Assessed indicators	Sources of resilience
<p>D1. Transformative local leadership</p>	<ul style="list-style-type: none"> → The government and its institutions are inclusive, which enables people to access opportunities fairly. → People are free to move wherever they wish to find opportunities. → The leadership ended suspicion among Rwandans; this enables people to work together and transform their livelihoods. → Decentralised local authorities are responsive to peoples' problems; this facilitates citizens' efforts to better themselves and develop their livelihoods. → Local leaders help people to understand the principle of gender equality and address the effects of misconceptions about it. → Local leaders help citizens to understand their role in building and maintaining infrastructures, which underpin their community's development. → Local authorities resolve conflicts; this enables people to live in harmony and work on their development. → Local authorities promote inclusive development policies that benefit all citizens. → Digitalisation improves the delivery of services that citizens need. → The leadership is changing the mindsets of citizens, especially in terms of innovating and working hard. → Local and central authorities work together to design development policies for citizens' benefit. → Local authorities assist and meet the basic needs of citizens, including people living with disabilities. → Community outreach programmes help to solve citizens' problems.
<p>D2. Integrity of local leaders and institutions</p>	<ul style="list-style-type: none"> → Strict laws punish corruption and discrimination. → Citizens participate in decisions to improve service delivery. → Leaders and citizens use social media platforms to improve service delivery and resolve problems. → Citizens 'own' the decisions and policies of their leadership, which responds to their problems. → Decentralisation brought services closer to people, who can more easily hold their leaders accountable. → Community meetings help to resolve people's problems. → Citizens feel their leaders are committed to serving them fairly, because leaders have been ready to give voluntary service at <i>Isibo</i> and village levels. → Leaders use weekly community meetings to solve people's problems without favouritism. → Accountability mechanisms are in place; leaders who do not meet their responsibilities have to pay a price and citizens know this. → Leaders respond rapidly when emergencies occur; this inspires public confidence.

Assessed indicators	Sources of resilience
D3. Water, mobility and other infrastructure	<ul style="list-style-type: none"> → Roads, electricity, and water services are in place. → School infrastructures are in place, and each cell possesses an ECD centre. → Hospitals are in place. → Transport facilities, especially buses, are in place. → Agricultural infrastructures are in place; irrigation systems too, especially in wetlands.
D4. Comprehensive health services	<ul style="list-style-type: none"> → Community health workers are present, down to village level. → Health services draw on health centres and a hospital operates in Rukoma. → Ambulance services are available, and can be called out by phone. → Drone deliveries of blood have improved transfusion services. → Anti-malaria mechanisms have been strengthened; malaria cases have fallen. → Trained medical officers deliver good services. → Almost every citizen can register for community medical insurance, which has improved access to medical care. → Services for people living with disabilities have improved. → The network of health posts and centres has been extended. → Citizens can obtain free medical checkups for many communicable and non-communicable diseases.
D5. Comprehensive education services	<ul style="list-style-type: none"> → Trained teachers are in place in all schools. → Enrolment in all education programmes has improved. → School feeding programmes are in place; they are of better quality. → The number of schools has increased. → All children of school age can attend public schools free of charge. → ECD centres have been placed in all villages. → More classrooms have been created to meet the demand for more school places; class sizes have fallen. → Teachers' salaries have increased, and teachers are more motivated. → The number of TVET schools has increased and they are more accessible. → Joint parenting between teachers and parents has improved discipline in schools and education outcomes. → Mechanisms to curb dropouts are in place; in each sector an education officer follows up issues of enrolment and dropout.

Assessed indicators	Sources of resilience
<p>D6. Effective security institutions</p>	<ul style="list-style-type: none"> → Security organs are responsive. → The installation of roadside security lights has improved safety at night. → Security organs are present at all levels; they include the police, the army, and the RIB. → Fire extinguishers are widely in place to put out fires. → People contribute to the security fund, enabling night patrols to be paid. → Community policing has improved people's security. → Citizens have confidence in the security and law enforcement bodies; they share information on any suspicious activities that might cause insecurity. → Cases of robbery are rare; DASSO and <i>Irondo</i> work with the police and the army to prevent crime and protect the public.
<p>D7 Effective justice institutions</p>	<ul style="list-style-type: none"> → Community-based conflict resolution mechanisms are in place, including <i>Abunzi</i> and <i>Inshuti z'umuryango</i>. → The investigation and police services have been decentralised, including the RIB and police. → Judicial systems are firm and effective. → Community forums help to solve conflicts in communities. → The rule of law is respected because whoever commits a crime is held accountable. → Local authorities help to solve conflicts in communities → The police and RIB are responsive. → Courts have been brought closer to the people. → Digitalisation has improved the processing of court cases. → Free legal aid is made available through the <i>Maison d'Accès à la Justice</i> (MAJ). → Both citizens and local leaders use community gatherings to resolve conflicts.
<p>D8. Programmes for societal healing and national unity</p>	<ul style="list-style-type: none"> → Several organisations, such as <i>Mvura nkuvure</i>, provide healing programmes; RCT Ruhuka trains healing trainers who have taught many people healing skills. → The <i>Ndi Umunyarwanda</i> programme. → Unity and reconciliation programmes. → Memorialising the genocide helped to heal the wounds of genocide. → Acts of genocide ideology are severely punished. → Perpetrators of genocide who return to their communities after serving prison sentences are helped to resettle and reintegrate by their neighbours. → The government promotes reconciliation initiatives that enable forgiveness and healing. → Community healing initiatives have helped heal the wounds of some genocide survivors. → Community members have been trained to help those suffering from trauma. → Social protection schemes help survivors of genocide against the Tutsi to heal. → Government-led reconciliation initiatives have reduced ethnic suspicion; the Unity and Reconciliation month has improved relationships. → <i>Isibo</i> meetings pass messages of peace and healing; they are used to help solve conflicts.

Assessed indicators	Sources of resilience
<p>D9. Shared economic institutions</p>	<p>Saving and credit schemes.</p> <p>Commercial banks and other sources of finance extend credit and other banking services.</p> <p>Government and other social protection schemes, such as VUP.</p> <p>The government encourages people to form cooperatives and has made forming them easier.</p> <p>The government encourages citizens to save via saving and credit schemes.</p> <p>People join social security schemes such as <i>Ejo Heza</i>.</p> <p>Citizens contribute to the building of infrastructures such as roads.</p> <p>Managers of sector-level cooperatives encourage citizens to form cooperatives and help people to obtain funding for them.</p> <p>Through local authorities, the government helps former hawkers to obtain capital and team up in established markets.</p> <p>SACCOs have been extended to many places.</p> <p>The Business Development Fund encourages women and youth to start small business, and offers guaranteed loans.</p>
<p>D10. Contribution of FBOs and CSOs</p>	<p>CSOs and FBOs run social protection schemes (to pay the school fees of children from poor families, provide decent shelter, obtain medical insurance etc.).</p> <p>FBOs instil decency and ethical values among citizens</p> <p>Religions are a source of hope, and help people to heal.</p> <p>Churches and places of worship teach obedience and to respect leadership.</p> <p>Religions promote peaceful coexistence between people; they are a platform for behavioural change.</p> <p>Healing initiatives run by FBOs and some CSOs improve the population's mental health.</p> <p>The private sector assists neighbourhoods to develop, helps people with financial problems to get jobs, and provides financial support in line with the policies of social protection programmes. The business sector played an important role during the COVID-19 pandemic.</p>

Assessed indicators	Sources of resilience
<p>D11. Balanced central - local relations, with shared responsibility and agency</p>	<p>Local authorities and citizens collaborate and work together.</p> <p>The government communicates its decisions, policies and programmes swiftly from the centre to local areas.</p> <p>Community meetings provide guidance on different development initiatives, such as saving, self-reliance, cooperatives, and innovation.</p> <p>Government institutions work in synergy.</p> <p>The government has implemented social protection schemes (such as <i>Girinka</i> and <i>Akarima k'igikoni</i>).</p> <p>Financial access schemes are in place, such as Umwalimu SACCO and Umuenge SACCO.</p> <p>People are urged to join saving schemes and cooperatives to improve their access to finance.</p> <p>Financial support is made available to the poor to help them start businesses.</p> <p>The Business Development Fund in particular offers guaranteed loans.</p> <p>People are encouraged to form social self-help networks that can assist people with urgent problems.</p> <p>Local and central authorities provide guidance on how people can solve their problems.</p> <p>Local and central authorities assist people to understand and benefit from government programmes; they subsidise services and products to facilitate public access to them.</p>
<p>D12. Social protection interventions</p>	<p>Social and financial support is offered to the vulnerable (finance, free medical insurance, medical insurance schemes, decent housing, <i>Girinka</i>, etc.).</p> <p>People living with disabilities can receive prosthetic limbs and financial support.</p> <p>People with disabilities are given consideration: wheelchair path have been established in many public buildings; those who need support are selected by all citizens in community meetings.</p> <p>Some leadership positions are ring-fenced for people with disabilities.</p> <p>Medical care is available for those in need.</p> <p>A specific government fund supports the vulnerable; CSOs and the private sector also make contributions to support the government's social protection initiatives.</p> <p>A specific government fund supports entrepreneurial proposals by youth.</p> <p>Local authorities have a duty to select people who need assistance and make sure that assistance reaches them.</p> <p>Children who face malnutrition and stunting receive care and nourishment.</p>

Assessed indicators	Sources of resilience
D13. Gender equality	<p>Legally, men and women have equal rights, unlike in the past.</p> <p>Gender rules and affirmative action give women some positions for which they do not compete with men.</p> <p>Men and women hold positions of authority and in government.</p> <p>People understand the benefits of gender equality, which is regularly discussed in community meetings.</p> <p>Men and women enjoy equal opportunities when they apply for jobs or to study.</p> <p>Women are now leaders in many churches, whereas in the past they were prohibited from taking leadership roles.</p> <p>Local leaders support human rights and the rights of women, and support women on their emancipation journey.</p> <p>Women and girls have a legal right to inherit property.</p> <p>Gender roles have been challenged and boys and girls, men and women now fulfil the same roles.</p>

Annex 11: Sources of fragility at institutional level

Assessed indicators	Sources of fragility
D1. Transformative local leadership	<ul style="list-style-type: none"> → Local government authorities do not meet the expectations of citizens; this is mainly because village leaders have little or no financial incentive to be diligent. → At local level, authorities are rulers rather than leaders; some abuse their powers. → The persistence of genocide ideology means that many people still resist government programmes. → Local leaders are not able to enforce verdicts on property reached by <i>Gacaca</i> courts. → Too few workers are employed at cell and sector level; this affects service delivery. → Some key institutions, such as schools, do not have access to the electricity grid. → Some sectors and cells lack decent offices. → Some citizens are resistant to change; some do not participate in government programmes. → Some local leaders, especially at village level, have little knowledge or understanding of government programmes. → Some local leaders are illiterate. → Local leaders do not explain government programmes efficiently or accurately; information is often sent out at the last minute.

Assessed indicators	Sources of fragility
<p>D2. Integrity of local leaders and institutions</p>	<ul style="list-style-type: none"> → For local leaders, accountability is not a common practice; when they do make themselves accountable, it is generally to their superiors rather than citizens. → Some leaders are reluctant to participate in government programmes; for example, some committee members at village level do not attend <i>Umuganda</i>. → Leaders rarely interact with citizens; some leaders want to be feared and respected. → Sector leaders spend most of their time in meetings and have little time to spend with citizens. → Unsalariated local leaders have no motivation to serve citizens; they do so after they have finished their paid work. → Some leaders do not want to discuss with citizens, but want citizens to blindly follow what they say. → Some leaders irresponsibly show no interest in citizens' problems.
<p>D3. Water, mobility and other infrastructure</p>	<ul style="list-style-type: none"> → Irrigation and drying facilities are scarce; this reduces productivity. → Some roads are in bad condition; this makes it difficult for people to travel or move their produce. (For example, no bridge connects Rukoma to Muhanga district.) → Some areas have no piped water supply and depend on stagnant water from swampy areas. → Electricity poles are old and made of wood. → Access to the internet is limited. → Some cells have no ECD centres. → The public transport system is poor; people must wait for buses because there are not enough of them. → Bills for both water and electricity are very high. → There are not enough health centres for the size of the population. → There are not enough doctors to staff hospitals and health centres. → Not all cells have a health post. → Some health centres lack medicines.
<p>D4. Comprehensive health services</p>	<ul style="list-style-type: none"> → Medical services in some health centres are poor, due to negligence. → There are not enough doctors to staff hospitals and health centres. → Some patients who are registered with the <i>Mutuelle de santé</i> do not receive the medicines they have been prescribed. → Medical equipment is old, especially in health centres and district hospitals. → Health facilities are not able to provide prosthetic limbs for people living with disabilities. → There are not enough health centres; some cells do not have a health post. → Some health centres lack medicines and supplies.

Assessed indicators	Sources of fragility
D5. Comprehensive education services	<ul style="list-style-type: none"> → There are not enough vocational training schools. → The quality of education is low, due to inconsistent and badly designed policies. → Some children with disabilities lack wheelchair paths to their school. → There are insufficient special education teachers to meet the needs of children living with disabilities. → Many schools lack facilities and equipment. → Some children drop out of school; in many cases, parents and local leaders do not take such children back. → Poverty leads some parents to keep their children out of school; though the government has abolished fees in government schools, some schools still charge disguised fees.
D6. Effective security institutions	<ul style="list-style-type: none"> → Misdemeanours are sometimes overlooked or lightly punished, which encourages recidivism. → Theft is frequent, especially of cattle, sheep and goats. → Drug abuse is widespread, especially among young people; there are few rehabilitation centres for drug addicts. → Burglary and other forms of robbery pose a threat to the security of people and property. → Unemployment is high; this may encourage petty theft leading to robbery.
D7. Effective justice institutions	<ul style="list-style-type: none"> → Some conflict resolution mechanisms are corrupt. → Conflict resolution mechanisms have little technical capacity. → Many citizens do not understand complex legal procedures. → Courtrooms are often distant from communities. → Legal services are very expensive. → Most of the property cases that have been judged by <i>Gacaca</i> courts have not been enforced, even though some perpetrators have the means to pay. → Some people, especially couples, are unwilling to make their conflicts public; such attitudes make it hard to resolve them. → Theft cases are lightly punished, which encourages recidivism.
D8. Programmes for societal healing and national unity	<ul style="list-style-type: none"> → Some perpetrators of genocide have refused to confess and apologise. → Many people suffer because they do not know where their relatives were killed and cannot bury them decently. → Many of the people sentenced by <i>Gacaca</i> courts for looting have not paid compensation, even when they have the capacity to do so. → Many Rwandans continue to suffer unhealed wounds as a result of the genocide. → Some people with unhealed wounds do not want to speak out because doing so awakens painful feelings. → Domestic violence causes some children to become depressed.

Assessed indicators	Sources of fragility
<p>D9. Shared economic institutions</p>	<ul style="list-style-type: none"> → The principle of equality on which cooperatives are founded undermines their performance (communal property is the property of no man). → Some cooperatives do not prioritise the wishes of their members, but focus on physical infrastructure. → Strict regulations and requirements hamper small businesses, especially when they are starting out. → Banks ask for collateral that some people do not have. → Some development partners operate in towns and cities and do not support people living in rural areas.
<p>D10. Contribution of faith-based institutions and civil society organisations</p>	<ul style="list-style-type: none"> → Most FBOs focus on supporting their adherents; some FBOs only assist their adherents. → Some people misuse the support they receive from FBOs or CBOs; these institutions are not always equipped to track how their resources are used. → FBOs and CBOs do not have the resources required to assist all the people who are in need. → The number of psychotherapists is insufficient to meet the needs of those with mental health issues.
<p>D11. Balanced central - local relations, with shared responsibility and agency</p>	<ul style="list-style-type: none"> → Some recipients of development support misuse it; they spend it on consumption instead of investment. → Citizens are not able to participate sufficiently in decisions that affect their lives and interests. → The central and local authorities sometimes issue contradictory messages to citizens. → Some local authorities lack diligence in resolving citizens' problems. → The Business Development Fund does not work well; women's projects have experienced funding problems. → Many elected positions in local authorities are occupied by people who have no technical capacities or expertise; this impedes development.
<p>D12. Social protection interventions</p>	<ul style="list-style-type: none"> → The <i>Ubudehe</i> programme does not categorise candidates for assistance correctly, which leads to discriminatory outcomes for some people in need. → Some people with disabilities do not receive basic medical services. → Some people who receive social assistance have a culture of dependence and want to rely on government support indefinitely. → The State's capacity to help people in need is limited.

Assessed indicators	Sources of fragility
D13. Gender equality	<ul style="list-style-type: none"> → Some family conflicts are due to misinterpretations of the principle of gender equality. → Some older men sexually abuse teenage girls. → Some women still lack the confidence to make decisions and continue to rely on their husbands. → Gender equality is largely rhetorical: few families practise it. → Gender laws are often interpreted as women's rights; abuse of men is rarely discussed. → Some religious institutions do not permit women to take positions of responsibility. → The government established a 30% quota to ensure balanced gender representation, but religious institutions have not implemented it; even when women are elected to positions of responsibility, they do not follow principles of gender equality. → Affirmative action policies, especially in education, should be avoided. → Some women lack the confidence to accept, or propose themselves for, positions of responsibility.

Annex 12: Individual questionnaire

Thinking of the dark history that Rwandans went through (including the genocide against the Tutsi, wars, refugeehood and divisive politics), its consequences, and the way you have been coping with them, would you tell me the extent you agree or disagree with each of the following statements? Is it not at all, to a small extent, somewhat, to a large extent, or to a great extent?

		Strongly disagree	Disagree	Fairly agree	Agree	Strongly agree
C1.1	I have well-defined objectives for the future and a clear roadmap to achieve them, which I pursue in my daily life.	1	2	3	4	5
C1.2	I am organised, practical, and have good time management skills.	1	2	3	4	5
C1.3	I am self-reliant and can carry the burden and challenges of my everyday life.	1	2	3	4	5
C1.4	I feel a responsibility to contribute to the greater whole, by participating actively in community-wide projects.	1	2	3	4	5
C2.1	I have the capacity to accept and regulate my own emotions.	1	2	3	4	5

		Strongly disagree	Disagree	Fairly agree	Agree	Strongly agree
C2.2	I experience positive emotions (e.g., love, joy, gratitude) more frequently than negative emotions.	1	2	3	4	5
C2.3	I cope with my challenging emotions (e.g., sadness, fear, anger) without losing my sense of direction.	1	2	3	4	5
C2.4	By reflecting on my emotions, I understand my unmet needs, and then take positive action to address them.	1	2	3	4	5
C3.1	I focus most of my attention on dealing with challenges of the present moment.	1	2	3	4	5
C3.2	I reflect and draw lessons from the past, without becoming absorbed in the past so much that I lose my present focus.	1	2	3	4	5
C3.3	I take proactive action today for a better future, without getting lost in the fantasy of the future.	1	2	3	4	5
C3.4	I am mindful and aware of what is happening in my environment in any given moment.	1	2	3	4	5
C4.1	I have the capacity to overcome past painful experiences.	1	2	3	4	5
C4.2	I no longer avoid people or circumstances related to past painful events/situations.	1	2	3	4	5
C4.3	I seek help when necessary to cope with my distress.	1	2	3	4	5
C4.4	I build positive relationships, without letting past painful experiences become a reason to distrust people in general.	1	2	3	4	5
C5.1	I listen with undivided attention when others are speaking.	1	2	3	4	5
C5.2	I express myself confidently and authentically.	1	2	3	4	5
C5.3	I work well with others in a team to deal with a specific challenge.	1	2	3	4	5
C5.4	I find common ground with others, through consideration of alternative approaches, whenever disagreements occur.	1	2	3	4	5
C6.1	I am aware of my own limitations, in terms of knowledge and competencies.	1	2	3	4	5
C6.2	I am open to learning from others who are more knowledgeable and experienced.	1	2	3	4	5

		Strongly disagree	Disagree	Fairly agree	Agree	Strongly agree
C6.3	I do not feel threatened or defensive when my faults are pointed out.	1	2	3	4	5
C6.4	I consider insight into my own faults as an opportunity to learn something new.	1	2	3	4	5
C7.1	I display understanding of the difficulties and challenges faced by other community members.	1	2	3	4	5
C7.2	I tolerate people of all backgrounds.	1	2	3	4	5
C7.3	I can perceive everyone's underlying common humanity.	1	2	3	4	5
C7.4	I am open to forgiving others who have wronged me.	1	2	3	4	5
C8.1	I critically evaluate the challenges which my community is facing.	1	2	3	4	5
C8.2	I consider different options and alternatives when facing a dilemma.	1	2	3	4	5
C8.3	I make well-considered decisions that are compatible with my values and objectives.	1	2	3	4	5
C8.4	I can resist manipulation and disinformation without becoming hostile to people who hold a different opinion.	1	2	3	4	5
C9.1	I have a clear concept of the future I am working towards.	1	2	3	4	5
C9.2	I am putting in consistent effort to make my desired future a reality.	1	2	3	4	5
C9.3	I am developing my skills, so that I can achieve future objectives.	1	2	3	4	5
C9.4	My growth aspirations are compatible and consistent with the wider objectives of the community.	1	2	3	4	5
C10.1	I maintain my sense of hope through difficult times.	1	2	3	4	5
C10.2	I do not despair, even when circumstances are very challenging and appear to lead to a dead end.	1	2	3	4	5
C10.3	My faith provides me with a sense that I and my community are protected.	1	2	3	4	5
C10.4	My faith sustains me in the conviction that, eventually, even the most challenging circumstances will be resolved.	1	2	3	4	5

Annex 13: Questions for FGDs at household level

Indicator		Not at all	To a small extent	Somewhat	To a large extent	To a great extent
B1. Responsive and authoritative parenting	To what extent are parents in your community effective in their efforts to provide good quality parenting to their children through catering for children's basic needs, and providing firm and peaceful guidance? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
B2. Gender equality within the household	To what extent do spouses on the one hand, and boys and girls on the other hand, in your community, respect and honour each other, enjoy equal rights, access equal opportunities and carry out equal responsibilities in their households? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
B3. Inter-generational partnership within the household	To what extent do parents and younger family members collaborate and support each other in meeting their respective needs and advancing their household development? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
B4. Value-based family conversations	To what extent do families discuss the history of the community or current affairs, in ways that transmit values in an objective and constructive way? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
B5. Mechanisms to resolve family conflicts	To what extent do families in your community effectively and peacefully resolve - by their own efforts or with the support of other conflict resolution mechanisms - any conflicts that occur between family members? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
B6. Entrepreneurial mindset	To what extent do families manage to come up with innovative projects for their own betterment, to achieve economic resilience and food security? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
B7. Access to sources of livelihood	Do families have access to the physical, natural, social and financial capital they require, and the opportunities to learn new skills, to implement livelihood initiatives? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5

Indicator		Not at all	To a small extent	Somewhat	To a large extent	To a great extent
B8. Connection with other families	To what extent do families in your community live in harmony with their neighbours, engage in shared social and cultural activities, and collaborate economically? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5

Annex 14: Questions for FGDs at community level

Indicators		Not at all	To a small extent	Somewhat	To a large extent	To a great extent
A1. Shared vision for the future	To what extent do community members from diverse backgrounds possess a shared vision for the future with regard to economic and social goals at both district and national levels? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
A2. Engagement in shared everyday community activities (<i>Umuganda, Inteko z'abaturage, ibiminina, umugoroba w'imiryango, itorero, imikino n'imyidagaduro, etc.</i>)	To what extent do community members from diverse backgrounds participate in community economic and social activities (<i>Umuganda, village/cell assemblies, small-scale saving and credit groups, family evening forums, Itorero, recreational activities...</i>)? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
A3. Healing of divisions and conflicts	To what extent were/are divisions and conflicts (those associated with the genocide history or any other) between community members handled/resolved whenever they occur? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
A4. Integrating persons from different socio-demographic backgrounds	To what extent are community members of diverse socio-demographic backgrounds (men and women, children/youth and adults, educated and non-educated, rich and poor, persons with disabilities, people with mental issues...) equally included in the governance, and social and economic life, of your community? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5

Indicators		Not at all	To a small extent	Somewhat	To a large extent	To a great extent
A5. Participatory decision-making	To what extent do diverse stakeholders (including women and men, older people and youth, officials and ordinary citizens, and people of diverse socio-demographic backgrounds) participate, when important decisions are made for the future of the community? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
A6. Solidarity among community members	To what extent, and through what mechanisms, do community members, institutions and partners show solidarity to other community members who are experiencing social, economic, or psychological distress? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
A7. Shared sense of national identity	To what extent do community members feel themselves, above all identities (ethnic, regional, family origin, religious...), as Rwandan? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5

Annex 15: Questions for FGDs at institutional level

Indicators		Not at all	To a small extent	Somewhat	To a large extent	To a great extent
D1. Transformative local leadership	To what extent do the mindset and actions of local leaders and their institutions contribute to your community's transformation? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D2. Integrity of local leaders and institutions	To what extent do local leaders in your community respect citizens, stay away from all acts of favouritism, nepotism, or corruption, and have a sense of accountability for what they do? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D3. Water, mobility and other infrastructure	To what extent is the community's physical infrastructure - for water, electricity, internet access, housing and mobility - adequate for the community's development needs? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5

Indicators		Not at all	To a small extent	Somewhat	To a large extent	To a great extent
D4. Comprehensive health services	To what extent do community members have adequate access to health services with regard to availability, affordability and distance? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D5. Comprehensive education services	To what extent do community members have adequate access to education services in regard to quality, affordability and distance (nursery, primary, secondary and TVET schools)? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D6. Effective security institutions	To what extent are people and their properties in your community safe? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D7 Effective justice institutions	To what extent do the justice institutions in your community prosecute crime suspects and provide fair, timely and affordable justice that fosters humane rehabilitation, leading to effective community reintegration? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D8. Programmes for societal healing and national unity	To what extent do programmes that aim to enhance societal healing and national unity and reconciliation exist and reach all community members who are in need in your area? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D9. Shared economic institutions	To what extent do local leaders and other stakeholders in your community collaborate to plan, implement development goals, facilitate citizens' access to finance, and promote cooperatives and associations? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D10. Contribution of faith-based institutions and civil society organisations	To what extent do faith-based institutions, civil society organisations and the private sector play an important and positive role in strengthening mental health, social cohesion and livelihoods? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5

Indicators		Not at all	To a small extent	Somewhat	To a large extent	To a great extent
D11. Balanced central - local relations, with shared responsibility and agency	To what extent do local and central authorities collaborate for the development of this community through the provision of adequate guidance and financial support to local communities, and encourage them to develop their own solutions and exhibit responsibility for solving their own challenges? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D.12. Social protection interventions	To what extent do local stakeholders (local authorities, civil society organisations, private sector) design and effectively implement programmes that aim to cater for the needs of social and economically vulnerable groups (the poor, children, elderly, persons with disabilities, historically marginalised people...)? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5
D.13. Gender equality	To what extent are interventions/actions by local leaders, faith-based organisations, civil society organisations and the private sector in your community responsive to the needs of men and women, boys and girls? (Not at all, to a small extent, somewhat, to a large extent, to a great extent)	1	2	3	4	5



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