



Republic of Rwanda
 Ministry of National Unity
 and Civic Engagement



Suède
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Interpeace
 INTERNATIONAL ORGANIZATION
 FOR PEACEBUILDING

The Societal Healing Programme In Rwanda

“Reinforcing Community Capacity for Social Cohesion through Societal Trauma Healing in Rwanda.”

Advancing a Holistic Mental Health and Psychosocial Support and Peacebuilding Approach in Rwanda: Summary of The Annual Report 2023





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Report Summary

This summary highlights the key results, lessons learned and challenges of the Societal Healing programme in Rwanda, implemented by Interpeace and its local partners during the period between January and December 2023. This programme covers Musanze, Nyabihu, Nyamagabe, Nyagatare and Ngoma districts.

Overall, 5 163 people were reached (2 540 men; 2 623 women) through various interventions such as 153 healing spaces established in communities, health centres and correctional facilities; activities aimed at strengthening capacities of mental health professionals; social-emotional skills and trauma-informed leadership skills training for local level decision-makers; and interventions focused on improving livelihoods.

The programme contributed to fostering mutual healing, reconciliation and community cohesion, promoting economic empowerment of individuals and communities and mitigation of the intergenerational transmission of genocide and other negative legacies.

2023 programme achievements in figures

5163

people reached in five districts,
25 sectors and 75 cells/villages
(2 540 men; 2 623 women)

153

healing spaces created:
2 115 participants
(841 men; 1 274 women)

25

Resilience-oriented therapy:

spaces, 211 participants (81 men; 130 women)

9

Multifamily therapy:

spaces; 146 participants (76 men; 70 women)

119

Sociotherapy:

spaces; 1 758 participants (684 men; 1 074 women)

12

Prisoner rehabilitation and reintegration:

healing spaces created in four prisons; 352 participants
(51 men; 302 women)

45

correctional officers (31 men; 14 women) trained



Collaborative livelihoods:

405

people (208 men; 197 women) trained in financial and entrepreneurship skills

271

participants (88 men; 183 women) trained in hands-on skills

18

business initiatives supported with 255 members (125 male; 130 female)



184

community dialogue facilitators (85 men; 99 women) trained to facilitate healing spaces



80

mental health professionals (37 men; 43 women) trained in the use of contextualised mental health and psychosocial support (MHPSS) protocols



750

people (375 men; 375 women) trained in life skills and socio-emotional skills

499

participants (299 men; 200 women) attended psychoeducation trainings



401

high-school teachers (329 men; 72 women) trained in history and trauma-sensitive teaching

24

journalists (18 men; 6 women) trained in MHPSS-informed reporting

24

trainers (7 men; 17 women) attended a training-of-trainers on positive masculinity and parenting



3

research studies conducted; 2 curriculums developed

1. Promoting an evidence-based and context-informed approach



An effective peacebuilding approach must be grounded in evidence and a deep understanding of the contextual realities. In 2023, Interpeace and its partners conducted research studies and developed or reviewed existing tools or protocols to tailor their interventions to the real needs of the targeted communities. These protocols serve as “soft infrastructure” for other societal healing and peacebuilding practitioners in Rwanda. Among the tools and studies conducted in 2023 were:

- A community-based participatory framework for assessment of individuals and community resilience in Rwanda, developed in close collaboration with the Ministry of National Unity and Civic Engagement (MINUBUMWE).
- A study on intergenerational legacies, their transmission, and effects on engagement in risky behaviours among post-genocide youth in Rwanda, conducted in partnership with a local youth-led organisation, Rwanda We Want.
- A randomised, controlled trial, performed to assess the effectiveness of existing interventional tools, namely the Resilience-Oriented Therapy Protocol and the Multifamily Therapy Protocol. These protocols were developed in 2021 during the programme’s pilot phase and have since been applied by Interpeace and its partners at the community and health centre levels. The trial conducted in 2023 generated convincing evidence of the tools’ effectiveness and impacts in strengthening mental health and family resilience outcomes. The trial also evaluated spill-over effects of multifamily healing interventions on individuals’ mental health, social relations and livelihoods.
- A curriculum on positive masculinity and positive parenting was developed. Targeting couples, older adolescents and inmates; the tool proposes a gender-transformative approach to addressing domestic violence, promoting positive parenting norms and practices, and ensuring gender equality in families and communities. It has been positively welcomed by actors including the Ministry of Gender and Family Promotion, the Gender Monitoring Office and local civil-society actors.
- A national civic and peace education curriculum, developed in collaboration with MINUBUMWE.

2. Enhanced healing and psychological resilience



A baseline survey conducted at the start of the Societal Healing programme revealed high rates of post-traumatic stress disorder, depression, trauma, anxiety, emotional dysfunction, rumination and internalisation problems.

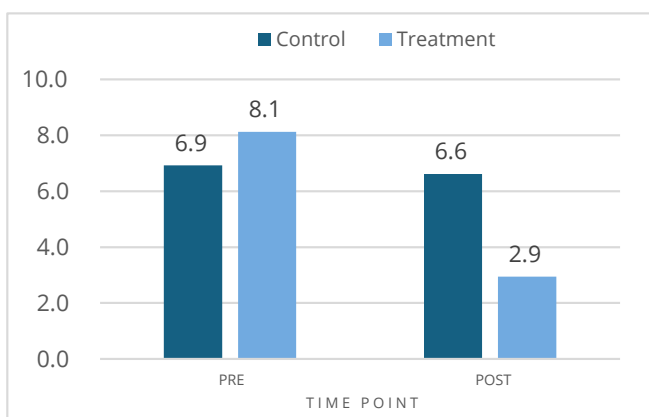
Through a group-based multistage treatment known as resilience-oriented therapy, the programme strengthened the mental resilience of 211 participants (81 men; 130 women) in 25 mixed groups (genocide survivors, genocide perpetrators, returnees and ex-combatants) created in the community. Facilitated by trained psychologists, participants were equipped with the necessary skills and tools for emotional regulation, behavioural self-management and identity development. The comparison between the baseline and post-intervention surveys shows that depression dropped from 8.1 (22.5%) to 2.9 (8%), anxiety from 13.4 (33.5%) to 6.3 (15.7%), borderline personality from 4.5 to 2.6, and genocide-induced post-traumatic stress disorder from 0.8 to 0.5 (11.3% direct exposure and 37.3% indirect exposure to genocide-induced trauma

"I lived an unhappy life, I always felt lonely and would not want to socialise with others. I did not even feel the need or the energy to work or bathe. I had constant headaches and stomach aches of which I did not know the cause. After the group, I feel relieved and can now join others and socialise with anybody. I have regained interest and enthusiasm in engaging in economic activities. I no longer fixate on the things I cannot control." – **a female genocide-survivor participant, Nyabihu district.**

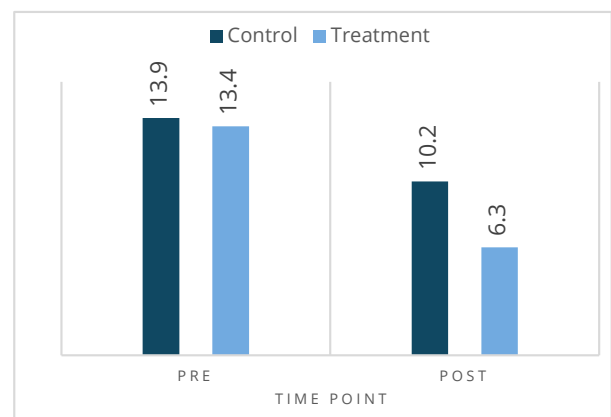
"I took part in the Genocide against the Tutsi; I was released from prison after serving 18 years. After my release, I found my wife and children had left the country and she got married to another man. I became suicidal, very depressed, and abused alcohol to forget my problems. After joining the group, I found a new family who would listen to me and spend time with me. I began to slowly reduce my alcohol intake. We learned love, resilience and now I can shower, buy food for myself, I even bought myself a phone, I am able to take care of myself." – **a male former genocide-prisoner, Musanze district.**

In addition to improving the mental health conditions of participants, the intervention instilled positive change and their capacity to face daily life adversities.

- 80 psychologists and mental health nurses (37 men; 43 women) from 32 health centres across five districts were trained to implement the resilience-oriented therapy at health centre level to further decentralise MHPSS services to grass-roots level. The first intake of 140 community members embarked on the healing process in November 2023 in 13 health centres .
- 750 young people and adults (375 boys and men; 375 girls and women) from different communities received social-emotional skills which help them to recognise and manage their emotions and cope successfully with mental-health issues they may be facing and live in harmony with others.



Effectiveness of ROT in reducing levels of depression



Effectiveness of ROT in reducing levels of anxiety

3. Fostered social cohesion and reconciliation

Restored trust, tolerance, and social support through sociotherapy



The Societal Healing programme created safe and inclusive sociotherapy healing spaces in communities to facilitate open dialogue between genocide survivors, genocide perpetrators, returnees and ex-combatants and to foster mutual healing and cohesion among them.

- 1 758 community members (684 men; 1 074 women) completed healing sessions in 119 healing spaces.
- The pre- and post-screening results show that the mixed healing spaces enhanced individual healing, feelings of safety, compassion, trust and tolerance – specifically, between genocide survivors and perpetrators – and their offspring, which led to forgiveness and social cohesion.
- The post-intervention evaluation showed an increase in mutual trust up to the highest possible score (from 8.4 to 9.4 out of 10); increase in forgiveness practices (from 5.1 to 8.7) and willingness to participate in collective activities (from 4.4 to 5.9).



"I carried a constant sense of guilt for my crimes during the genocide. However, after participating in the healing space, specifically during the phase of safety and new life orientation, I gradually began to alleviate my feelings of guilt through sharing with others. Being in the same group with genocide survivors and other members of the community helped me finding real peace of mind." – **a genocide perpetrator, Busogo sector, Musanze district.**

- The healing spaces laid a solid foundation for reconciliation and increased willingness to collaborate for collective livelihoods. This is evidenced by the fact that all participants who successfully completed sociotherapy sessions decided to create joint livelihood activities, such as savings and credit groups or other income-generating activities, which enable them to stay together and strengthen the bonds formed during the healing spaces.
- The spaces enhanced the sense of a shared Rwandan identity and of belonging to the community. One example is a case of a young girl in a sociotherapy group in Busogo sector, Musanze district. The girl was the immediate descendant of a male genocide perpetrator who had raped her mother. Her mother, however, had for a long time hidden the truth about the father's identity. The daughter had refused to get married to avoid her children experiencing the same problems. In sociotherapy, she learned how to approach her mother and they engaged in open discussion about the identity of her father. The healing process empowered her in her journey of acceptance of her identity as a child born as a result of rape.
- The spaces increased community engagement and social support among participants.
- Despite improved mental health being a secondary outcome of sociotherapy, the post-screening data showed significant improvement in the mental-health conditions of participants. Anxiety reduced from 17.9% to 5.7%, depression from 15.2% to 5.6%, emotional dysregulation from 10.5% to 4.6%, trauma from 7.3% to 3.3% and suicidality from 7.0% to 1.4%.
- Sociotherapy spaces improved behavioural change and family dynamics. The post-intervention screening showed a decrease in alcohol and substance dependency, improved anger management capacities and a significant decrease of rumination and impulsivity.

- Sociotherapy contributed to a significant reduction of the rate of identity-related mental-health problems such as obsessive and compulsive disorder, dissociation, and bipolar personality disorder among the participants, particularly among the youth.

Improved family cohesiveness and open intergenerational dialogue

The programme used a community-based family therapy, known as the Multifamily Therapy Protocol, implemented in a group setting to create safe spaces for parents and their children to engage in open dialogue on the genocide, the history and issues affecting their daily life. This helps improve their mental health issues and mitigates intergenerational transmission of genocide and other historical legacies.

- Throughout the reporting period, 146 parents and their children (76 men and boys; 70 women and girls) graduated from nine healing spaces created in the community.
- Evaluation findings showed that multifamily healing spaces improved communicative problem-solving from 2.9 (58%) to 3.8 (76%), family resilience (how families face difficulties and challenges together) from 3.2 (64%) to 3.8 (76%), and family organisation patterns (gender equality and family cohesiveness) from 3.0 (60%) to 3.6 (72%).
- Individual family sessions have stimulated open dialogue between parents and their children and fostered healing. They created strong family relationships and a shared vision of a cohesive and harmonious family.
- The intervention equipped parents with positive parenting skills, significantly fostering warm, inclusive and democratic parenting practices.
- The intervention improved family communication, addressing family conflicts and sexual and gender-based violence.

As a spill-over effect, it contributed to improving the school performance and self-esteem of children whose parents participated in the intervention.

“The conflict with my wife had negatively affected my children. They considered me a monster. After sorting out our problems and improving communication between us we have become a happy family. My children are remarkably close to me now; we spend time together and that has created positive memories. Today, I feel proud of the father I have become thanks to multifamily healing dialogues.” – a male parent, Nyamagabe district.



“We had over 20 families that were very conflicted before the start of healing spaces in our community. As of today, there was a significant reduction of these intrafamily issues from 70% to 20%. I can comfortably say that those conflicts have stopped. We were among communities with high rates of aggression-related crimes, domestic violence, and malnutrition of children. The recent reports from the Rwanda Investigation Bureau show significant positive changes.” – a local leader, Musanze district.

To reach more people in the communities, a curriculum on positive masculinity and parenting was developed and will be implemented by various actors, including government structures like the Ministry of Gender and Family Promotion, the Rwanda Correctional Service, the National Youth Council, the National Women’s Council and civil-society organisations like Haguruka, Dignity in Detention (DIDE) and Prison Fellowship Rwanda (PFR). Some 27 people (7 men; 14 women) from those institutions have already been trained on its implementation for wider dissemination.

4. Promoting psychological rehabilitation and reintegration of prisoners

A considerable number of those convicted of genocide who had received the longest sentences for having either been architects (policy makers) or committed genocide with the most inhumane cruelty have recently been released. Interpeace studies have shown that most of them experience mental-health issues during their incarceration and face rejection by their own families and communities upon release. Such studies have also highlighted that if not effectively rehabilitated, the released perpetrators are likely to cause fear, social insecurity, anxiety and mistrust in their communities, especially affecting genocide survivors and their decedents.



Group-based sociotherapy healing spaces were created in correctional facilities to provide inmates, especially those nearing their release, with psychosocial support services. A total of 352 inmates (51 men; 302 women) graduated from the healing spaces. The latter helped them to cope with their mental-health issues related to the crimes they had committed and life in prison.

Mental-health problem	Musanze prison			Ngoma prison			Nyagatare juvenile prison			Nyamagabe prison		
	Mean pre	Mean post	Change	Mean pre	Mean post	Change	Mean pre	Mean post	Change	Mean pre	Mean post	Change
Depression	0.61	0.01	-0.60	1.00	0.36	-0.64	0.41	0.27	-0.14	0.37	0.17	-0.20
Suicide	0.37	-0.07	-0.44	0.40	0.01	-0.38	0.34	0.18	-0.16	0.10	0.00	-0.10
Anxiety	0.73	0.03	-0.70	1.14	0.30	-0.83	0.81	0.41	-0.39	0.44	-0.01	-0.45
Trauma	0.39	0.06	-0.34	0.45	0.24	-0.21	0.25	0.21	-0.05	0.10	0.04	-0.06

Mental health pre- and post-screening findings in prisons

“Being imprisoned and separated from my family was a total shock for me. Before joining the sociotherapy healing group, I was highly depressed and had no peace of mind. My intention was to commit suicide. I had imagined some techniques on how do it that I watched in movies before imprisonment. I had planned to use a sharp object to open my veins and die by bleeding or use acid to poison myself. Sociotherapy saved my life. It helped me to overcome my distress and accept my fate. I have regained hope, and I will be released soon.” – a female prisoner, Nyamagabe prison.



- Inmates who attended the healing groups, especially genocide perpetrators, have asked to be connected the families they offended to ask for forgiveness and be reconciled with them.
- To ensure their economic reintegration, 271 prisoners (88 men; 183 women) who graduated from socio-therapy healing spaces were supported to attend technical and vocational education and training (TVET) in trades such as tailoring, hair dressing, welding and hand crafts, which will ease their socio-economic reintegration after release. The programme supported correctional facilities to roll out quality-standard hands-on skills training, which comply with the curriculums accredited by the Rwanda TVET Board and the Ministry of Education (MINEDUC).
- 45 correctional officers (31 male & 14 female) were trained to implement the standardised curriculum on prisoner rehabilitation and reintegration, developed in 2022 during the pilot phase of the programme.

5. Strengthened socio-economic resilience

Trauma and other psychological distress affect the ability of people to engage in and manage economic activities, which worsens their socio-economic and mental-health conditions and their mistrust.



- 405 people (208 men; 197 women) who graduated from healing spaces created in the community benefited from financial and vocational training to improve their entrepreneurship and business management skills. They were guided to develop, incubate and start joint income-generating initiatives.
- All graduates voluntarily started saving and credit groups or other income-generating activities that keep them together. Moreover, through a competitive process, 18 promising business initiatives received seed funding. Those livelihood initiatives enable the graduates to sustain and strengthen bonds formed during the healing process and jointly improve their socio-economic conditions.
- A market analysis was conducted in five districts of the programme operations to enable graduates to establish businesses that are aligned with the current market demand.

6. Psychoeducation to build awareness on MHPSS and trauma-informed leadership

- In addition to the local authorities, opinion and religious leaders, and civil-society organisations who were trained in previous years, 499 head teachers and teacher representatives (299 men; 200 women) attended psychoeducation training sessions to build their awareness and knowledge on mental-health issues that affect their students and on ways to support them. This will be followed by a training of mental-health school-based counselors planned in 2024. The counselors will provide students with psychosocial support care and co-ordinate with formal health facilities for an effective referral system when needed.

A male teacher from Nyagatare sector said: *“Before this training, I punished students without analysing the root cause of disruptive behaviours. After this training, I will first listen to the students and take positive action. I agree that we don’t have enough time to follow each case by case but fortunately we have been informed that school-based counselors will be trained, we will refer to them cases that we identify for better follow up”.*

A female participant from Busogo sector said: *“As a former teacher, I saw children who started school with good behaviour for example in primary school and then we saw them change as they grew up and sometimes, I know there are problems at home, but I didn’t know how to help them. The knowledge I gained here helped me know how to listen to a child and how to help them with certain problems at my level. Additionally, I got information on where to refer them for advanced support. I also learned that better mental health would improve student performance.”*

- In collaboration with MINUBUMWE and MINEDUC, a training workshop on history and trauma-sensitive teaching was organised for 401 high-school teachers (329 men; 72 women). It strengthened their capacities to objectively teach the history of the country, with special attention on the Genocide against the Tutsi, contributing to breaking the cycle of transgenerational transmission of trauma and other genocide legacies.

7. Stakeholder engagement and strengthened local capacities



184 community dialogue facilitators (85 men; 99 women) were trained. They serve as a valuable human resource in community cohesion, often invited by local leaders to apply their expertise in resolving conflict through peaceful mediation.



24 local journalists (18 men; 6 women) were trained on MHPSS-informed reporting. Organised in partnership with Rwanda Media Commission, the training provided the journalists with essential tools and skills to strengthen their ability to produce professional MHPSS and peacebuilding-related content that adheres to ethical standards.



In partnership with Never Again Rwanda and the Aegis Trust, the programme organised Rwanda Youth Talks, an event that created a platform for youth, policy makers, civil-society organisations and government officials to discuss the nexus between peacebuilding and environmental protection and the role of young people.

8. A source of inspiration for other contexts

- In 2023, the programme team received delegations from Burundi and Yemen for exchange visits to learn from the successes of the programme. These joined countries including Burkina Faso, Ethiopia, the Democratic Republic of the Congo, and Nigeria in having visited programme activities in previous years, some of which have integrated HMPSS in their own peacebuilding initiatives.
- Interpeace and its partners were invited to participate in international seminars and conferences such as the 6th African Correctional Services Association Biennial Conference held in Dakar, Senegal, and Geneva Peace Week to present best practices, impact and lessons learned from the implementation of the programme.
- The Societal Healing programme was treated as a special case study in several publications, including the revised version of the United Nations Secretary General Guidance Note on Transitional Justice, Mental Health and Psychosocial Support released in October 2023.
- Interpeace was also invited by the World Health Organization in November 2023 to share experiences from the Societal Healing programme, regarding the link between mental health and peace. The two institutions also discussed ways to collaborate in drafting the Roadmap of the Global Health for Peace Initiative.
- The programme was also represented in the United Nations–Civil-Society Organisations Dialogue, which emphasised the significance of flexible funding approaches in peacebuilding, private-sector engagement and cross-learning from successful initiatives globally. Participants gained insights into Rwanda's post-genocide context, including the challenges faced in building or restoring peace in society after conflicts.



9. Lessons identified

- Community-based healing spaces effectively facilitate open dialogue and positive interactions between previously wounded and divided community members, laying a solid foundation for individual and collective healing as well as fostering social cohesion and reconciliation.
- Collaborative livelihood initiatives act as platforms for continuous healing, creating new identities among participants while strengthening collective socio-economic well-being and a sense of togetherness.
- An integrated approach to societal healing and peacebuilding in Rwanda is proving to be more effective in strengthening the resilience of individuals and communities than implementing siloed projects.
- MHPSS needs still surpass the available capacity of mental-health professionals and infrastructure.
- Contextualised information tools are essential for successful societal healing and peacebuilding. Developed protocols such as resilience-oriented therapy and multifamily therapy have been scientifically proven to be effective in the Rwandan context and should be institutionalised and adopted by higher-learning institutions
- Strengthening local capacities can help to build a stronger and decentralised national MHPSS system in Rwanda. A gap persists in mental-health infrastructure and the limited number of available professionals.

Recommendations

- Scaling up group-based healing approaches to reach many people, especially in remote communities; and increasing focus on multifamily therapy approach specifically.
- Improving the accessibility, quality and effectiveness of MHPSS services by investing in both the infrastructure that supports these services and the professionals who provide them.
- Building strong and smooth co-ordination of actors involved in societal healing and peacebuilding sector to avoid loss of money in duplication of interventions and already-existing tools.
- Investing in continuous research and development of frameworks which inform policy orientation and strategies that respond to real needs of the communities.
- Multiplying awareness and advocacy campaigns to increase the knowledge of the general population and authorities about mental health and break the cultural barriers associated to it.



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