



Societal Healing Programme in Rwanda

Programme Intervention Protocols

Reinforcing community capacity for social cohesion and reconciliation through societal trauma healing in Rwanda.



Introduction

Interpeace is an international peacebuilding organisation with 28 years of experience. It implements a broad range of peacebuilding programmes in Africa, the Middle East, Asia, Europe, and Latin America. In Rwanda, Interpeace has been running programmes in societal healing and participatory governance in close partnership with the government and nongovernmental actors for over 20 years. Currently, Interpeace is implementing a holistic peacebuilding programme titled 'Reinforcing community capacity for social cohesion and reconciliation through societal trauma healing in Rwanda'. The programme has four pillars: mental health and support; social cohesion and reconciliation; collaborative livelihoods; and prisoner rehabilitation and reintegration.

Interpeace and its partners have collaborated with national and international experts to design structured psycho-social interventions, scientifically known as 'protocols', to support healing and peace processes. The protocols include resilience-oriented therapy, adaptations of sociotherapy, multifamily therapy, the collaborative livelihoods (COLIVE) protocol, the prisoner rehabilitation and reintegration curriculum, positive masculinity and positive parenting curriculum and the socio-emotional skills curriculum.

These protocols guide interventions in healing spaces for Genocide survivors, Genocide perpetrators, former combatants, and their descendants. They stimulate mutual healing and reconciliation, strengthen the mental resilience of individuals and communities, promote family cohesion, and address the intergenerational transmission of Genocide legacies. They also underpin initiatives to develop collaborative livelihoods and skills and the psychological rehabilitation and reintegration of prisoners, particularly those convicted of Genocide crimes.

Resilience-Oriented Therapy Protocol

Various studies, including the mental health survey of the Rwanda Biomedical Centre (RBC, 2018), have shown that Rwandan communities experience a high prevalence of mental health issues, including traumas stemming from the 1994 Genocide against the Tutsi. The scale of mental health needs cannot be met by available professionals who provide one-on-one therapy approach. To address cultural barriers associated with one-on-one therapy and make mental health services more accessible to those in need, Interpeace and its partners introduced a resilience-oriented therapy protocol. Resilience-oriented therapy is a multi-phase group-based treatment for emotional regulation, behavioural self-management, and identity development.

Resilience-oriented healing spaces have been created and are facilitated by well-trained psychologists at health centres, hospitals, or by community organisations with the necessary expertise. Individual or community-based screening sessions are conducted to identify individuals' needs and the severity of their mental health problems. Screened individuals are then allocated to groups and asked to voluntarily join resilience-oriented healing spaces, on a voluntary basis.

Interpeace offered the protocol to local organisations and government institutions, who wished to use it in their interventions in order to decentralise psychosocial support services. Interpeace works with the Ministry of Health through the RBC to support the Rwandan Government's efforts to decentralise national mental health provision and strengthen the capacity of local mental health professionals by providing training and equipment.





Sociotherapy Protocol (adaptations)

More than two decades after the 1994 Genocide against the Tutsi, mental health-related issues remain an obstacle to full reconciliation, social cohesion, and sustainable peace in Rwanda. To contribute to existing efforts, Interpeace and its local partners use sociotherapy, a group-based therapy that fosters mutual healing among group members. Sociotherapy has been in use in Rwanda for more than 20 years. It was initiated by several local organisations, including Prison Fellowship Rwanda (PFR), one of Interpeace's current local partners.

Community-based healing spaces have been created to bring together groups of Genocide survivors and ex-Genocide perpetrators, facilitating mutual healing. Each group consists of ten to fifteen community members living in close proximity. Participation in these processes is voluntary. Individuals are informed of the benefits of joining the initiatives, which include the opportunity to receive professional and group support. The spaces also provide a safe and supportive environment for survivors and perpetrators to discuss events related to the Genocide, with the goal of establishing the truth, rebuilding trust, and, where possible, seeking and granting forgiveness. The sociotherapy phases cover topics on safety, trust, care, respect, new life orientation, and memories. The goal of sociotherapy is to address collective wounds, heal fractured relationships, restore social trust and cohesion, and pave the way for socio-economic collaboration.

The healing dialogue process is facilitated by two well-trained community members who create an enabling environment for participants to share the truth, restore relationships and trust, forgive, and promote reconciliation and social cohesion among themselves. By training community facilitators and empowering them to manage sociotherapy processes, Interpeace contributes to bridging the gap between the high demand for mental health services in Rwanda and available number of trained professionals.

Multifamily Therapy Protocol

Recent studies have shown that trauma stemming from the 1994 Genocide against the Tutsi is transmitted from parents to their children born after the Genocide. Some parents who still hold genocidal ideology may also pass it on to their children. As a response to this challenge, Interpeace, in collaboration with its local partners, introduced multifamily therapy, a group-based family dialogue tool that fulfils a dual role by providing psychoeducation and healing between adults and youth. The protocol addresses the inter-generational transmission of Genocide trauma and hostility, improves family communication and cohesion, and addresses inter- and intra-family conflicts. Genocide perpetrators and survivors, former combatants, returnees, and their children participate in these spaces to openly discuss the past, embark on a healing journey, and shape a new future for themselves as individuals, families, and communities. Participants acquire skills that enable them to strengthen collective responsibility and agency and improve communication within and across families.





Collaborative Livelihoods Protocol

Interpeace believes that sustainable peace and socioeconomic well-being are intertwined. The Collaborative Livelihoods (COLIVE) protocol is a tool that guides community members, who have undergone sociotherapy or multifamily healing and decided to stay together, to conceptualise, incubate, and manage joint income-generating projects. Those business initiatives enable them to sustain bonds that formed during the healing spaces. Participants are mentored and assisted to start businesses in areas of their choice, including agribusiness, livestock, retail, tailoring, and welding. As part of the protocol, Interpeace also assists youth from low-income families to acquire technical vocational education and training (TVET) skills. On graduation, they receive help to start joint small businesses and are provided with start-up capital. Through working together, they continue their mutual healing journey and rebuild trust and social cohesion.



Prisoner Rehabilitation And Reintegration Curriculum

Adequate prisoner rehabilitation and reintegration are key to maintaining peace and cohesion within and across families and communities in Rwanda, given the traumatic nature of the 1994 Genocide against the Tutsi. Interpeace collaborates with the Rwanda Correctional Service (RCS) to ensure that prisoners who are approaching the end of their sentences, especially those convicted of Genocide crimes, are equipped with the psychological and emotional tools they need to reintegrate peacefully. Interpeace supported the development of a standardised prisoner rehabilitation and reintegration curriculum that will guide RCS's efforts in all correctional facilities across the country. Additionally, prisoners are given opportunities to acquire practical skills in various trades, such as tailoring and welding, which will enable them to earn a living after their release and facilitate their effective social reintegration.

Socio-Emotional Skills Curriculum

A baseline survey conducted at the start of the Societal Trauma Healing Programme's pilot phase in Bugesera revealed that emotional regulation is an issue in Rwandan society, exacerbated by the tragedy of the 1994 Genocide against the Tutsi. Individuals, particularly young people, frequently resort to drug abuse or engage in other self-harm practices.

In response, Interpeace and its local partners developed the socio-emotional skills curriculum to help individuals to acquire knowledge, skills, and attitudes that enable them to understand and regulate emotions, set and achieve positive goals, express compassion for others, build and nurture positive relationships, and engage in responsible decision-making.

The curriculum is accessible to anyone who finds it difficult to regulate their emotions and can be implemented in both closed and open settings. It comprises three distinct skill sets: skills for emotional well-being, skills for collaboration, and skills for self-management. In selecting skills, the curriculum adopted a holistic approach: skills support personal development and growth to improve mental health, peaceful relationships, and the pursuit of sustainable livelihoods. Skill sessions can be tailored to the specific needs of participants.



Positive Masculinity and Positive Parenting Curriculum

Poor parenting skills, lack of communication between family members, and negative gender norms affect family cohesiveness and community cohesion. A baseline study conducted by Interpeace in 2021 to inform its holistic peacebuilding programme in Rwanda revealed that these factors further contribute to exacerbating family conflicts and gender-based violence (GBV), thus tearing families apart.

The survey identified four common forms of GBV: physical, economic, sexual, and psychological, experienced by both women/girls and men/boys. The incidence of GBV is 10% higher in women than in men, leading to family dysfunction and increasing alcohol or drug abuse and delinquency among young adults. These forms of violence also impact the socio-economic development fabric of families and communities.

To remedy this challenge, Interpeace and its partners, together with the Rwanda Men's Resource Centre (RWAMREC), developed a curriculum that aims to promote positive masculinity and positive parenting norms and practices among couples, older adolescents, and inmates. The curriculum proposes a gender-transformative approach, engaging men and boys alongside women and girls to challenge rigid and negative notions of masculinity and negative parenting practices, and to adopt positive, nurturing, empathic, equitable, and caring behaviors.

This preventive tool is comprised of four modules. The first module targets couples as partners with the main objective of improving equitable gender relationships between

spouses and preventing or mitigating domestic violence. The second module targets couples as parents, encouraging them to adopt positive and gender-equitable parenting practices and reduce harsh punishment towards children. The third module targets adult male inmates in prisons, raising their awareness about positive masculinity practices to reduce the risk of committing GBV-related crimes once they reintegrate into their families and communities after release. The fourth module targets young people between 12 and 24 years old, in schools, within communities, and in rehabilitation centres, to advance masculinity, healthy relationships, and prevent GBV among young people.



Each module is delivered in a group setting, targeting groups of 24 people through education sessions held once a week for six consecutive weeks. Sessions are facilitated by two well-trained community-based volunteers (one female and one male). They are interactive and feature role plays, group work, case scenario analysis, visuals, individual or pair reflections, and plenary discussions.

This curriculum is implemented by various actors, including government structures and Civil Society Organizations (CSOs) from national to local levels. It contributes to efforts in reducing sexual and gender-based violence and domestic conflicts, mitigating juvenile delinquency, fostering family communication, and promoting gender equality in families and communities.

Partners

Government partners







Local partners











Donor





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