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From Healing to Resilience: Evidence and Lessons from the Rwanda Societal Healing Programme

November 2021–October 2025

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1. Acknowledgments

On behalf of Interpeace and implementing partners

By putting the vision of resilience for peace into practice, the Societal Healing Programme (SHP) has set down a national milestone. Funded by Sida, SHP was co-implemented by Interpeace; the Government of Rwanda, through MINUBUMWE, RBC, and RCS; and national partners Prison Fellowship Rwanda, Haguruka, and Dignity in Detention (DiDE). It has pioneered an integrated model that unites psychosocial healing, reconciliation, and economic resilience.

Rooted in its understanding of Rwanda's post-Genocide context, SHP recognised that healing must reach beyond individual recovery to rebuild relationships and restore collective dignity. In each of its interventions (resilience-oriented therapy, multi-family healing spaces, sociotherapy, inmates' psychosocial rehabilitation and reintegration services, and collaborative livelihoods), the programme has shown that transformation begins in dialogue and matures into participation, solidarity, and cooperation. When safe spaces are established that enable people to listen, forgive, and act together, trust becomes the foundation of development.

This 2025 Endline Survey confirms the programme's significant contributions. SHP has improved mental health and family resilience; strengthened community trust; and achieved tangible livelihood gains through the Co-LIVE model. These impacts demonstrate that psychosocial healing enhances social cohesion and economic inclusion, which are core enablers of sustainable peace.

At policy level, SHP has been effective in linking community healing to national systems. Several critical steps toward institutionalisation have been made, notably: the inclusion of resilience indicators in MINUBUMWE's community-resilience framework and barometer; integration of psychoeducation in the National Civic and Peace Education (Itorero) curriculum; recognition and adoption of resilience-oriented therapy by the Ministry of Health in health facilities; and adoption of the psychosocial rehabilitation and reintegration curriculum and service package in correctional facilities, as well as the Rwanda Correctional Service's social reintegration programme mark. These outcomes align closely with Vision 2050, the National Strategy for Transformation (NST2), and Sida's strategic focus on reconciliation and resilience.

The dedication of many people made these achievements possible. Interpeace extends deep appreciation to the Government of Rwanda, particularly The Ministry of National Unity and Civic Engagement, the Ministry of Health through the Rwanda Biomedical Centre, and the Rwanda Correctional Service, for their leadership and collaboration; to district and local leaders in Ngoma, Nyagatare, Musanze, Nyabihu, and Nyamagabe for their steadfast support; and to local practitioners, community facilitators, and psychologists whose daily commitment anchored healing in communities. We are grateful too to our national and community-based partners - Rwanda We Want, GAERG, RWAMREC, and Vision Jeunesse Nouvelle - whose partnership made possible key outcomes of the programme; to members of the Rwanda Peace Partnership - the Aegis Trust and NAR - whose shared mission continues to inspire collective progress; and to the Swedish Government, whose financial support through Sida made this journey possible.

As Rwanda looks ahead, the imperative is clear: healing must be sustained as a public good, embedded across governance, health, and economic systems. Interpeace and its partners reaffirm their commitment to accompany Rwanda on this ongoing journey of resilience, reconciliation, and peace.

Frank Kayitare
Interpeace Country representative

2. Executive Summary

The programme *'Reinforcing Community Capacity for Social Cohesion through Societal Trauma Healing in Rwanda'* (short name 'the Societal Healing Programme', SHP) represents one of Rwanda's most ambitious and innovative national efforts to strengthen the psychological, social, and economic foundations of peace. It was implemented between November 2021 and October 2025 by Interpeace and its national partners Haguruka, Prison Fellowship Rwanda, and Dignity in Detention (DiDE), in close collaboration with the Ministry of National Unity and Civic Engagement (MINUBUMWE), The Ministry of Health through the Rwanda Biomedical Centre (RBC), and the Rwanda Correctional Service (RCS), and was funded by the Swedish International Development Cooperation Agency (Sida).

Rooted in Rwanda's decades-long commitment to reconciliation after the 1994 Genocide against the Tutsi, the programme sought to operationalise a new frontier of peacebuilding that promotes resilience not only in institutions but in the hearts and minds of citizens. SHP recognised that, while Rwanda has made historic strides in rebuilding justice, security, and governance systems, deeper work was required to sustain unity and social cohesion, heal individual wounds and broken relationships, and restore inner peace.

SHP aimed to build resilience from within, by addressing trauma, restoring trust, and strengthening the social fabric of communities that have been affected by the long-term psychological and structural consequences of the Genocide against the Tutsi and its legacies. SHP's central thesis was simple but profound: "Healing the person heals the community, and a healed community sustains peace".

The programme integrated five mutually reinforcing interventions:

1. **Resilience-oriented therapy:** Group-based psychological interventions addressed emotional regulation, identity development, and behavioural self-management, and built individual resilience**.**

2. **Multi-Family healing spaces (MFHS):** Intergenerational dialogues rebuilt family bonds, reduced intergenerational trauma, and created safe homes for healing.

3. **Community sociotherapy:** A structured group process emphasised emotional safety, trust-building, mutual support, and social cohesion in communities.

4. **Psychosocial rehabilitation and reintegration services for inmates:** This service package provided therapeutic and rehabilitative support for incarcerated individuals who were preparing to reintegrate with their families and communities. It included a comprehensive psychoeducation curriculum, psychosocial healing, and life and hands-on skills training.

5. **The Co-LIVE (collaborative livelihoods) protocol:** This programme enabled healing-linked livelihood groups to transform their psychosocial recovery into shared economic empowerment. It guided the transition of communities from subsistence living to resilient and sustainable livelihoods, ensuring progressive trust-building in the process.

Overview of programme reach

From 2021 to 2025, SHP reached 12,227 participants through 407 healing and engagement spaces in Rwandan communities, correctional facilities and health centres. The programme's holistic design, which integrated psychosocial healing, family resilience, correctional rehabilitation, and economic empowerment, demonstrated that healing and development reinforce each other in post-genocide societies.

5,352 participants participated in structured healing and dialogue groups. 621 individuals benefited from resilience-oriented therapy (ROT) in 52 spaces based in health centres. Sociotherapy reached 2,039 participants in 140 community spaces. 2,088 individuals joined multi-family healing spaces (MFHS) to rebuild family communication and trust. In correctional settings, 604 inmates took part in prison rehabilitation and reintegration healing spaces, helping to lower recidivism and improve mental health.

The collaborative livelihoods and hands-on skills training (Co-LIVE) component directly reached 1,767 individuals, almost equally distributed between men (878) and women (889), in 76 livelihood groups. 409 inmates graduated from TVET programmes, while 829 sociotherapy graduates received advanced training in entrepreneurship, cooperative governance, and business development. 529 members benefited from Co-LIVE business initiatives, which supported 40 small enterprises established on cooperative principles.

256 practitioners and facilitators took up capacity-building opportunities, including correctional officers, dialogue leaders, and mental health professionals, thereby increasing the programme's sustainability. In parallel, 4,852 people were reached through awareness, policy engagement, and psychoeducation activities, including community dialogues and policy dissemination; 1,137 inmates received psychosocial rehabilitation training.

Finally, the programme supplied logistical support to partner institutions, including the Rwanda Correctional Service (RCS) and the Rwanda Biomedical Centre (RBC). The provision of 43 tablets and 39 motorcycles strengthened field operations, data collection, and coordination.

The beneficiaries represented a cross-section of Rwandans who face interlinked challenges of trauma, stigma, and economic marginalisation: Genocide survivors, returnees, ex-prisoners (convicted in most cases for Genocide-related crimes), youth, and women.

Indirectly the programme influenced thousands more people - in families, communities, and local institutions.

The endline survey and qualitative assessments confirmed that the programme had significantly improved the psychological, social, and economic status of participants.

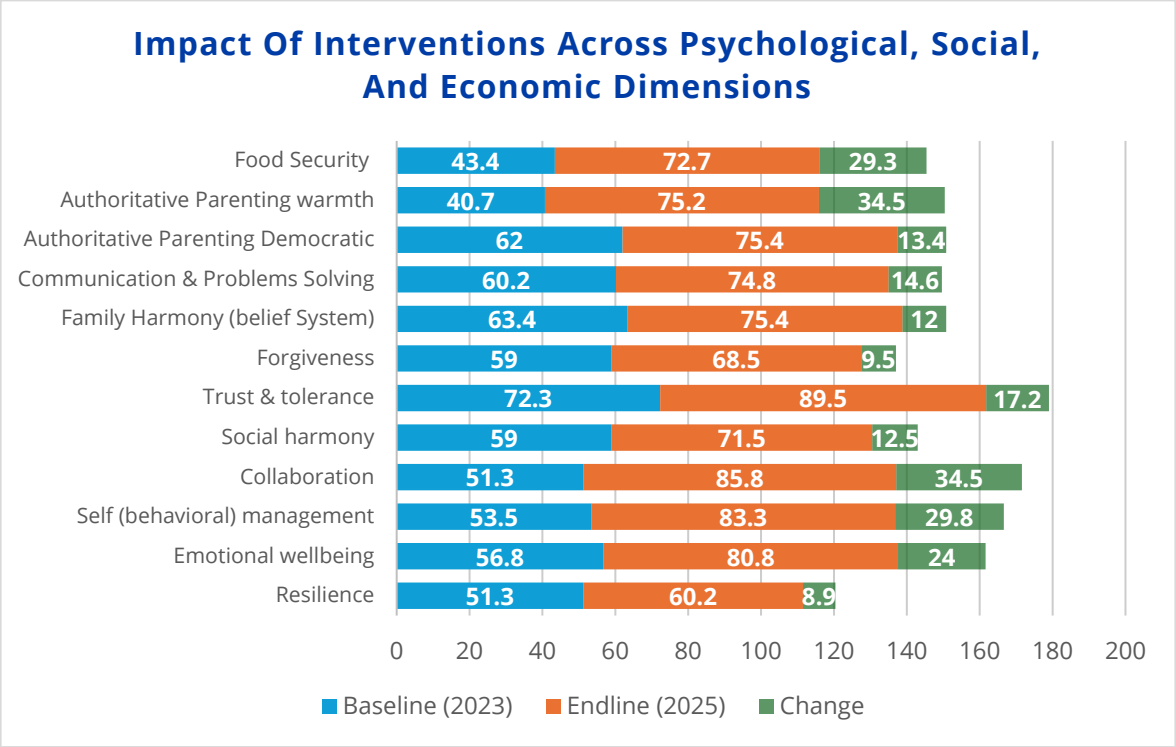
- **Mental health**: There were notable improvements in participants' wellbeing. Resilience rose by 8.9%, emotional wellbeing by over 24%, and self-management capacity by 29.8%.

- **Social cohesion:** The programme was associated with a 17.2% increase in out-group trust, which in turn contributed to a 12.5% rise in social harmony and a 9.5% improvement in readiness to forgive. These positive shifts made possible a substantial rise (34.5%) in willingness to collaborate.

- **Family and intergenerational harmony:** The programme strengthened the family belief system by more than 12%: families were more able to manage crises and other challenges. Family commu-

nication and problem-solving also improved (by 14.6%), indicating that families were collaborating more to address stressful situations, and doing so more effectively. Parenting practices showed remarkable progress: warm, nurturing, and inclusive parenting behaviours increased by 34.5%, and participatory parenting (where children's views and preferences are considered even at moments of disagreement) rose by 13.4%.

- **Economic resilience:** Participants enhanced their economic resilience, reflected in a 29.3% improvement in food security. Other aspects of livelihoods also improved: housing quality rose by 18%, saving practices by 54%, and adoption of climate-resilient agriculture by 7% (notably through use of small-scale irrigation).



In addition, the qualitative findings from change stories, focus group discussions, and facilitator debriefs revealed that the SHP programme was transformative. Participants described shifts not only in emotion but also in identity, relationships, and community life, illustrating that healing is a lived process, deeply relational and profoundly collective.

Many participants emphasised that sociotherapy and family dialogue sessions helped them to regain emotional balance and inner peace, often after years of silent suffering. A woman survivor from Ngoma said: *"I used to cry without understanding why. In the group, I learned to talk about my pain, and now I feel light. I no longer fear meeting those from the other side."* A male former prisoner commented during a debrief in Musanze: *"For the first time, I felt heard without being judged. It was through listening to other peers' testimonies of how they managed to handle their emotions that I began to forgive myself."* These narratives confirmed that the programme was successful in rebuilding emotional regulation and self-compassion, which are essential dimensions of psychological resilience, and also rebuilding interpersonal trust, empathy and mutual respect, which are essential for social reintegration.

At family level, dialogue and empathy replaced patterns of silence, tension, and mistrust. In multi-family healing spaces (MFHS), parents and youth learned to communicate more openly about trauma and intergenerational conflict. As one mother explained during an MFHS session in Nyamagabe: "*Before, my son and I would only argue. Now we talk about what hurts us, and we end up laughing.*" Young adults expressed

similar sentiments: *"I used to think that my parents do not love me. It's when they opened up and shared during the group sessions that I realised they were carrying pain from the past. I felt closer to them."* This intergenerational reconnection enabled households to renew respect and mutual understanding.

The programme also brought together families who share similar experiences, thereby creating a community of mutual support. As a man in Nyabihu district testified: *"In our group we have committed to supporting one another whenever a family is facing difficulties or feeling weak. Recently my family was in trouble but one of the families in our MFH came to see us, advise us and we learned from them. They are like our good parents."*

At community level, the programme visibly rebuilt trust by encouraging cooperation and shared purposes. In different districts, participants stressed that collaborative livelihood initiatives (Co-LIVE) had become platforms for income generation but also reconciliation. A facilitator from Nyabihu noted: "*When survivors and ex-prisoners decide together what livelihood business to do or how to save money, they stop seeing each other through the lenses of past divisions and start seeing each other as partners.*" Cooperative activities restored social bonds and gave tangible content to reconciliation, proving that economic collaboration can help to sustain psychosocial gains.

Equally striking was the emergence of women and youth as key actors of transformation. Many women took on leadership roles in sociotherapy and cooperative groups, guiding discussions and mobilising collective savings. As one female participant from Nyagatare said proudly: "*Before, I would never speak in public. Now, I lead others to believe that peace begins from within*." Youth, too, became catalysts for community healing, using skills learned from MFHS and ROT to mediate disputes and organise local initiatives.

Julienne, a member of the *Abahuje Umugambi Youth Group* in Ngoma District, provides a powerful example. When she first joined youth sociotherapy sessions in Ngoma District, she was quiet, struggling to rebuild confidence after years of economic uncertainty and family tension. But she found both emotional grounding and a sense of belonging in the safe spaces created by sociotherapy and later her Co-LIVE group.

Encouraged by facilitators, she began teaching her peers tailoring skills, her primary source of income. What started as a small mutual support initiative evolved into a structured youth cooperative, Abahuje Umugambi, united by the motto 'Healing and working together for a better life'. Initially, members contributed 200 Rwandan francs per week, pooling their savings to purchase fabric and sewing materials. Over time, their solidarity and trust deepened, and within just two years the group had scaled up to a daily contribution of 1,000 francs per member. Their joint savings and investments were valued at over 5 million Rwandan francs.

These collective resources supported group projects - such as tailoring, small livestock rearing, and a mobile sales stall - and individual livelihood ventures. All were financed from internal savings and a modest programme contribution equivalent to 800,000 Rwandan francs. Julienne, once hesitant to speak, became the group's elected chairperson. She coordinated training sessions, mediated internal conflicts, and represented the cooperative in community forums. As Julienne remarked during an outcome debrief: "*At first, I thought I was only teaching sewing, but I learned that healing also means helping others believe in themselves. Now, our group is not just making clothes, we are stitching back our lives.*"

Her leadership not only enhanced the group's financial success but fostered social healing and inclusion in the broader community. The programme enabled children of survivors, ex-Genocide prisoners, and returnees to collaborate harmoniously, and in their shared enterprise find both dignity and reconciliation in action.

Together, these examples confirm that SHP's impact extended well beyond its statistics. They indicate that a societal renewal is taking place, rooted in dignity, agency, and collective empathy. Participants' testimonies showed that reconciliation and resilience are not abstract goals but daily practices, expressed through forgiveness, cooperation, and care. Through these processes, individuals and communities alike rediscovered what it means to belong, to contribute, and to heal together.

Strategically, the programme was firmly anchored in and reinforced the priorities of Interpeace's Global Strategy (2020–2025**)**, 'Resilience for Peace', which seeks to strengthen locally-led peace infrastructures and foster community ownership of reconciliation processes. SHP also directly supported the objectives of Sida's Rwanda Country Strategy, particularly its focus on reconciliation, social inclusion, and gender equality as drivers of sustainable peace and development. At national level, the programme aligned with Rwanda's Vision 2050 and the National Policy on Unity and Reconciliation (2016), and thereby contributed to the country's long-term goal, which is to build a cohesive, inclusive, and resilient society through community-based healing, dialogue, and reintegration.

SHP's experience confirms that healing and peacebuilding are most effective when grounded in local agency, inclusive participation, and strong institutional coordination. The programme's four-year journey revealed several interconnected lessons that together demonstrate that psychosocial healing can serve as a foundation for lasting peace and resilience in Rwanda.

- **Healing is a measurable foundation for peace and social cohesion:** Across all interventions, SHP participants showed marked improvements in emotional well-being, resilience, and social trust. Mental health gains were closely associated with higher levels of forgiveness, empathy, and collaborative problem-solving, confirming that psychological recovery directly contributes to social cohesion and peaceful coexistence.

- **Families are the crucible of social recovery and resilience:** Multi-family healing spaces (MFHS) successfully bridged generational and gender divides, enabling parents and youth to rebuild communication and mutual understanding. Youth participants reported significantly lower emotional distress and stronger family bonds, findings corroborated by randomised controlled trial results that showed positive changes in family cohesion indices. This underscores that families remain the primary ecosystem for resilience transmission.

- **Restorative justice and holistic psychosocial rehabilitation enable effective reintegration:** In correctional facilities, the sociotherapy approach provided safe, structured opportunities for incarcerated individuals to process guilt, shame, and remorse constructively. Reintegration dialogues, facilitated in partnership with the RCS, enabled detainees to acquire life and socioemotional skills, and meaningfully reconnect and reconcile with their families and communities. This preparation helped detainees to be accepted after their release and reduced recidivism.

- **Evidence-based learning strengthens institutional credibility:** SHP adopted mixed-method evaluation, including randomised controlled trials, outcome harvesting, and qualitative inquiry, making itself a model for evidence-driven peacebuilding. The data collected at different points (baseline survey, pre-intervention screenings, annual survey, outcomes harvesting, endline survey) consistently demonstrated upward trends in mental health, trust, and resilience across multiple cohorts, reinforcing the value of empirical evidence in policy dialogue and programme accountability.

- **Healing is a systemic, multi-level process:** SHP's experience confirms that psychosocial recovery does not occur in isolation. It is linked to justice, health, education, and governance systems. By embedding healing processes in individuals, families, communities, and institutions, the programme

showed that resilience must be cultivated as an integrated social system, supported by cross-sector collaboration.

- **Local ownership is the key to sustainability:** The most enduring programme outcomes emerged where community ownership was strongest. In the different districts of intervention, community-based healing groups continued to meet autonomously after external facilitation ended. This showed that, when trust, leadership, and structure are locally embedded, healing will transition from a project activity to a self-sustaining community practice.

- **Economic empowerment and collective livelihoods sustain healing:** Healing cannot flourish in contexts of persistent economic precarity. The success of the Co-LIVE (collaborative livelihoods) model confirms that collective economic activity reinforces psychosocial well-being. Participants reported that shared savings, cooperative enterprises, and income generation were psychologically stabilising and also generated peace dividends, evidence that economic and emotional recovery must evolve hand in hand.

- **Institutional coordination is a pillar of resilience:** SHP's multi-sectoral partnerships involved MINUBUMWE, the Ministry of Health (via RBC), the Rwanda Correctional Service (RCS), the University of Rwanda's Centres for Mental Health (CMH) and Conflict Management (CCM), as well as national NGOs and local authorities. It is clear that resilience cannot be delegated to any single sector. SHP's interagency coordination model offers a replicable blueprint for embedding healing and reconciliation in Rwanda's national systems of governance and service delivery.

SHP's achievements position it as a reference point for healing-based peacebuilding. As the programme moves into the next phase (2025–2028), sustaining and institutionalising its approaches will be vital.

The programme's endline results indicate that peace is not built by projects but by people. Healing transforms citizens from passive recipients into active agents of change, and communities from sites of trauma into spaces of shared resilience.

3. Introduction

3.1. Background and rationale

3.1.1 Healing is the missing link in peacebuilding

In the thirty one years since the 1994 Genocide against the Tutsi, Rwanda has made unparalleled progress in rebuilding its social, political, and economic systems. It is internationally recognised that the country's governance structures, community-based justice mechanisms, and reconciliation policies are innovative and inclusive. Yet beneath this remarkable progress lies a quieter, more intimate struggle, the ongoing work of healing emotional and relational wounds.

While national unity and reconciliation efforts - through *Gacaca*, *Itorero*, and *Ndi Umunyarwanda* - have built a foundation of social cohesion, many Rwandans continue to grapple with unresolved trauma, intergenerational pain, and social fragmentation. These experiences are often expressed in subtle ruptures rather than overt conflict: silence in families, mistrust between neighbours, feelings of exclusion within communities. SHP was designed to respond precisely to this deeper layer of Rwanda's peace journey: to mend the invisible social tissues that sustain reconciliation and resilience.

3.1.2 Genesis of the Societal Healing Programme in Rwanda

SHP emerged from two decades of collaboration between Interpeace, its national partners, and the Government of Rwanda, which recognised that psychosocial recovery, social cohesion, and livelihoods must be addressed simultaneously to sustain peace.

An evaluation of Interpeace's earlier Societal Healing and Participatory Governance (SHPG) programme[1] found that community-based dialogue and collective reflection had the potential to transform social cohesion and trust. However, the evaluation also discovered that many participants fell back into economic vulnerability and social marginalisation when project support ended, and that in some cases this undermined the steps forward they had made in emotional healing and reconciliation. SHP was therefore designed to bridge the psychosocial and structural dimensions of resilience, by enabling communities to heal emotionally, rebuild trust, and cooperate economically. Launched in October 2021, following a pilot phase in Bugesera which was funded by the European Union, SHP evolved into a living laboratory for **'**resilience from within', an approach that considers citizens to be agents of transformation rather than beneficiaries of support.

3.2. The interventions and their theoretical bases

Building on this conceptual foundation, SHP operationalised its vision in five linked interventions, each underpinned by specific theoretical and empirical traditions that address different levels of Rwanda's post-Genocide recovery.

1 ACE Europe. 2021. *Final Evaluation Report – Societal Healing and Participatory Governance (SHPG) Programme, Funded by SIDA.* Mechelen, Belgium: ACE Europe, for Interpeace and Never Again Rwanda (NAR).

3.2.1. Resilience-oriented therapy (ROT)

Resilience-oriented therapy (ROT) is a psychosocial innovation that combines cognitive-behavioural, trauma-informed, and positive psychology frameworks to enhance adaptive coping and post-traumatic growth. The approach draws conceptually on Bonanno's theory of resilience (2004),[2] Bandura's self-efficacy model (1997),[3] developed by Luszczynska, Scholz and Schwarzer (2005) who examined health related self-efficacy across cultures,[4] and Tedeschi and Calhoun's post-traumatic growth theory (2004).[5]

ROT was designed to complement community-based interventions by providing individual and small-group therapy sessions for participants who exhibit persistent emotional distress or trauma symptoms. The method focuses on strengthening self-regulation, reframing adversity, building resilience, and reinforcing a sense of mastery and purpose. Findings from the 2024 RCT Report showed that ROT statistically improved mental well-being and reduced depression and anxiety indices, confirming its therapeutic efficacy. Practically, ROT bridges clinical and community healing; it helps participants to convert psychological resilience into relational and civic engagement. By aligning with Rwanda's National Mental Health Policy (MoH 2011)[6] and the targets for mental health set out in the National Strategy for Transformation (NST2 2024-2029), ROT localises and integrates evidence-based mental health care in broader mental health and peacebuilding frameworks.

3.2.2. Multi-family healing spaces (MFHS)

The multi-family healing spaces (MFHS) model is anchored in family systems' theory and intergenerational trauma research, both of which hold that emotional wounds and coping patterns are transmitted across generations (Bowen 1978; Danieli 1998; Yehuda and LeDoux 2007).[7] MFHS conceptualises family healing in vertical terms (between generations) and in horizontal terms (in families).

By facilitating structured dialogues among parents, youth, and families that share similar experiences, MFHS enables participants to reconstruct shared narratives and unlearn silence and mistrust. Narrative reconstruction allows family members to re-author their stories and fosters emotional literacy and empathy. Like Minuchin's structural family therapy, MFHS emphasises boundary realignment and open communication (Minuchin 1974, supported by Rivett, M., and Buchmüller, J. 2017).[8] MFHS processes cultivate intergenerational resilience, restore the emotional balance in families, and extend relational healing outward into the community.[9]

3.2.3. Community sociotherapy

2 Bonanno, George A. 2004. 'Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive after Extremely Aversive Events?' *American Psychologist* 59 (1).

3 Bandura, Albert. 1997. *Self-Efficacy: The Exercise of Control.* New York: W. H. Freeman.

4 Luszczynska, A., Scholz, U., and Schwarzer, R. (2005). *'The general self-efficacy scale: Multicultural validation studies.' The Journal of Psychology: Interdisciplinary and Applied, 139*(5), 439–457. https://doi.org/10.3200/JRLP.139.5.439-457

5 Tedeschi, Richard G., and Lawrence G. Calhoun. 2004. 'Posttraumatic Growth: Conceptual Foundations and Empirical Evidence.' *Psychological Inquiry* 15 (1).

6 Government of Rwanda, Ministry of Health (MoH). 2011. *National Mental Health Policy.* Kigali: Ministry of Health. https://www.rbc.gov.rw/fileadmin/user_upload/mental/National-Mental-health-Policy.pdf

7 Bowen, Murray. 1978. *Family Therapy in Clinical Practice.* New York: Jason Aronson; Danieli, Yael. 1998. 'Confronting the Unimaginable: Psychotherapists' Reactions to Victims of the Nazi Holocaust.' In *International Handbook of Multigenerational Legacies of Trauma,* edited by Yael Danieli. New York: Springer; Yehuda, Rachel, and Joseph E. LeDoux. 2007. 'Response Variation Following Trauma: A Translational Neuroscience Approach to Understanding PTSD.' *Neuron* 56 (1).

8 Minuchin, Salvador. 1974. *Families and Family Therapy.* Cambridge, MA: Harvard University Press.

9 Rivett, M., and Buchmüller, J. (2017). *Family therapy skills and techniques in action* (1st ed.). Routledge.

In terms of theory, community sociotherapy draws on group therapy theory and on relational resilience and participatory action approaches. It starts from the recognition that trauma is both personal and collective, and that recovery occurs most sustainably in a context of supportive social relationships. It provides a structured, community-owned methodology that unfolds through six progressive stages of healing: safety; trust; care; respect; new perspectives; and memory reconciliation.

Relational resilience theory affirms that supportive connections buffer distress and enable emotional repair (Jordan 2006; Walsh 2016).[10] Allport's intergroup contact theory (1954),[11] expanded by Pettigrew (1998) to include empathy, learning and reducing anxiety mechanisms,[12] increases sociotherapy's capacity to rebuild social trust by enabling diverse members of a community to interact on equal terms, share goals, and cooperate. Through this process, sociotherapy transforms individual pain into collective learning, and reframes narratives of guilt and victimhood as shared human stories. Healing, therefore, is not simply a matter of reducing trauma but reconstructs a moral community through dialogue and mutual recognition.

3.2.4. Correctional psychosocial rehabilitation and reintegration programme

The psychosocial rehabilitation and reintegration programme for inmates is a comprehensive framework designed to facilitate the moral, emotional, and social reintegration of incarcerated persons in Rwanda. Grounded in the principles of the Good Lives Model (GLM) and restorative justice theory, the programme aims to transform correctional facilities into spaces of moral growth and personal transformation rather than punishment. It draws conceptually on Zehr's restorative justice framework (2002),[13] and Kohlberg's moral development theory (1981),[14] which together emphasise empathy, accountability, and ethical maturity as foundations for rehabilitation. Group-based processes, notably correctional facility sociotherapy, enable inmates to explore guilt, shame, and responsibility in a safe, dialogical setting. This approach supports emotional regulation and empathy development while aligning with the modules on mental health, life skills, and interpersonal communication of the RCS Rehabilitation and Reintegration Curriculum (2022).[15]

Complementing its psychosocial component, the programme includes a hands-on training package in vocational and livelihood skills, which gives inmates practical competencies in trades such as tailoring, carpentry, masonry, agriculture, and mechanics. These technical modules strengthen employability, financial autonomy, and purpose, which are key determinants of sustainable reintegration. By combining healing with skills development, the programme operationalises Interpeace's vision, set out in its Prisoner Reintegration Roadmap (2020), to 'restore dignity through capacity'.

The final phase of the programme features reintegration dialogues for families, local leaders, and community representatives. Conducted in collaboration with the Rwanda Correctional Service and the Ministry of National Unity and Civic Engagement (MINUBUMWE), these restorative meetings promote forgiveness, rebuild trust, and reduce the stigma that returnees experience. The result is a holistic process in

10 Jordan, Judith V. 2006. 'Relational Resilience in Girls.' In *Resilience in Children, Families, and Communities: Linking Context to Practice and Policy,* edited by Ray De V. Peters, Bonnie Leadbeater and Robert J. McMahon, 79–96. Boston: Springer; Walsh, Froma. 2016. *Strengthening Family Resilience,* 3rd ed. New York: Guilford Press.

11 Allport, Gordon W. 1954. *The Nature of Prejudice.* Cambridge, MA: Addison-Wesley.

12 Pettigrew, T. F. (1998). 'Intergroup contact theory.' *Annual Review of Psychology, 49*, 65–85. https://doi.org/10.1146/annurev.psych.49.1.65.

13 Zehr, Howard. 2002. *The Little Book of Restorative Justice.* Intercourse, PA: Good Books.

14 Kohlberg, Lawrence. 1981. *The Philosophy of Moral Development: Moral Stages and the Idea of Justice.* San Francisco: Harper & Row.

15 Interpeace and Rwanda Correctional Service (RCS). 2022. *National Rehabilitation and Reintegration Curriculum.* Kigali: Rwanda Correctional Service.

which psychological recovery, moral learning, and economic empowerment converge to restore dignity, foster resilience, and anchor national reconciliation through a rehabilitative correctional system.

3.2.5. Collaborative livelihoods (CO-LIVE)

The Co-LIVE model integrates social capital theory (Putnam 2000)[16] and models of collective efficacy (Bandura 2000),[17] to translate psychosocial recovery into economic collaboration. It operates on the premise that trust built during healing can be turned into productive social capital, a foundation for sustainable livelihoods and community resilience.

Co-LIVE groups form when healed sociotherapy participants join in savings, production, and income-generating activities. By operationalising social capital through *bonding* (in-group trust) and *bridging* (cross-group collaboration), the initiative transforms psychosocial healing into practical cooperative activities. Through participatory decision-making and shared accountability, participants acquire a new sense of agency and feel they perform better, thereby demonstrating that economic empowerment and psychosocial recovery are interdependent processes.

3.3. Geographic and demographic focus

SHP was implemented in the districts of Ngoma, Nyagatare, Musanze, Nyabihu, and Nyamagabe, and complemented by tailored interventions in correctional facilities in Ngoma, Musanze, Nyamagabe, and Nyagatare. These districts were selected in close consultation with the former National Unity and Reconciliation Commission (NURC) and relevant local authorities to ensure that the programme aligned with national priorities for reconciliation, unity, and community resilience. They all share distinct post-Genocide contexts and complex social fabrics, and together represent a microcosm of Rwanda's broader healing landscape. They include a mix of populations, including Genocide survivors, families of perpetrators, returnees, youth, and households affected by intergenerational trauma or recurrent domestic or social conflicts. They are therefore particularly appropriate sites for testing and deepening multi-layered approaches to healing and social cohesion.

Gender equity was integral: over 63% of participants were women, and 42% were youth under 30. This demographic focus amplified the voices of groups that are often marginalised during formal peacebuilding processes.

16 Putnam, Robert D. 2000. *Bowling Alone: The Collapse and Revival of American Community.* New York: Simon & Schuster.

17 Bandura, Albert. 2000. 'Exercise of Human Agency through Collective Efficacy.' *Current Directions in Psychological Science* 9 (3).

4. Survey and learning design

4.1 Purpose and scope of the endline survey

The SHP endline survey was designed to assess and to learn. It aimed to measure the programme's overall effectiveness while deepening understanding of how societal healing contributes to sustainable peace and resilience. Conducted between August and September 2025, it built on the baseline (2021) and midline (2023) learning reviews, and aligned with Interpeace's Resilience for Peace (2020–2025) strategy as well as Sida's Country Results Framework for Rwanda.

The endline survey had two purposes:

- **Accountability:** To document outcomes, trace pathways of change, and assess the degree to which SHP achieved its intended objectives in improving mental wellbeing, social cohesion, reconciliation, resilience, and livelihoods.

- **Learning and policy influence:** To generate actionable evidence and insights that can inform future programme designs, national healing frameworks, and peacebuilding policy in Rwanda and beyond.

4.2. Methodological design

The endline survey adopted a mixed-methods convergent design. It integrated quantitative and qualitative approaches to measure both the magnitude and meaning of change. The approach was grounded in Interpeace's learning-oriented MEL framework, which combines methodological rigour with participatory reflection. Quantitative data measured shifts in psychosocial wellbeing, relational trust, rehabilitation, and livelihoods, while qualitative inquiry explored the processes and mechanisms behind those changes. Together, the two strands provided a comprehensive understanding of how structured healing processes contribute to sustainable peace and community resilience.

4.2.1 Sampling framework

Sampling followed a multi-stage, stratified design. Five districts (Ngoma, Nyagatare, Musanze, Nyabihu, and Nyamagabe) and four correctional facilities were selected among the sites covered by interventions. The quantitative sample included 3,068 respondents, distributed proportionally across interventions and sites to ensure that the sample was representative in terms of gender, age, and social background (survivors, returnees, ex-prisoners, and youth).

Table 1: Sampling summary

Intervention	Total Intake 1	Total Intake 2	Total Intake 3	Total Intake 4	Total Intake 5	Total All Intakes	Respondents per group
Graduates from community sociotherapy	376	368	385	406	504	2,039	1474
Graduates from sociotherapy in correctional facilities	169	183	174	230	-152	604	378
Graduates from multifamily healing spaces	0	146	539	514	889	2,088	600
Graduates from ROT in community and health centres	0	211	235	58	117	621	211
TVET in correctional facilities	0	232	0	177	0	409	105
Collaborative livelihood initiatives	232	297	0	0	0	529	300
Sub-total	**777**	**1,437**	**1,333**	**1,583**	**1358**	**6,290**	**3,068**

The project collected qualitative data via 33 focus group discussions (FGDs) which included around five hundred participants, segmented by intervention type and identity group (for example, youth, parents, former prisoners, Genocide survivors). Additionally, it conducted 15 key informant interviews (KIIs) with local government authorities, community leaders, and facilitators. This purposive sampling strategy allowed the project to include participants who could offer in-depth reflections on the programme's outcomes and implementation.

4.2.2 Survey instruments

Six structured instruments were employed across the programme's intervention streams. All were validated, translated into Kinyarwanda, and digitised using KoBoCollect for accuracy and consistency. The community sociotherapy and correctional facility sociotherapy screening tools assessed psychosocial

functioning, trust, empathy, and readiness for social reintegration. The multi-family healing spaces (MFHS) parent and youth questionnaires examined intergenerational communication, emotional expression, and family cohesion. The resilience-oriented therapy (ROT) questionnaire captured trauma symptoms, emotional regulation, and resilience. Complementing these, the TVET post-intervention tool in correctional facilities measured vocational competence and reintegration aspirations. Finally, a Co-LIVE quantitative questionnaire assessed economic resilience indicators (such as income, savings, and food security); livelihood diversification, social cohesion and trust within and across groups; personal empowerment (including confidence, optimism, and self-efficacy); and group sustainability.

The qualitative data collection tools (focus group discussions and key informant interviews) explored participants' lived experiences and behavioural changes due to SHP. They measured psychosocial recovery (emotional wellbeing, trust, empathy); family transformation (communication and intergenerational understanding); community outcomes (social cohesion and inclusion); and moral growth, particularly among participants in correctional settings. Interviews with facilitators also assessed the programme's effectiveness and sustainability. To complement survey and qualitative data, the project collected 'change stories'. These illustrated personal or collective transformation – not only what changed but why and how, bridging the gap between data and lived experience. Together, these tools revealed how healing interventions fostered mental wellbeing and resilience, strengthened relationships, enhanced community participation, and promoted economic resilience.

4.2.3 Ethical standards and quality assurance

The endline survey was conducted in strict adherence to Interpeace's Do No Harm principles, Ethical Fieldwork Guidelines, and Rwanda's national standards on human subject protection. Enumerators were thoroughly trained in ethical conduct, confidentiality, and trauma-informed interviewing. Every interview began with a verbal informed consent process, according to which participants were told the purpose of the survey, informed of their right to withdraw at any time, and briefed on the measures taken to protect their privacy.

4.3 Data analysis

Data analysis followed a structured, five-phase framework: scale construction; data organisation; descriptive analysis; visualisation; and triangulation with qualitative findings, programme metrics, and other empirical literatures. Descriptive statistics (means, frequencies, and percentages) were gathered and analysed employing SPSS and Excel, and used to summarise participant characteristics and outcome distributions. Qualitative data were transcribed, translated, and analysed thematically. Key themes (emotional healing, relational trust, and collective empowerment) were triangulated with quantitative findings to build coherent narratives. Visualisation, through tables and bar charts, facilitated interpretation.

5. Results and insights

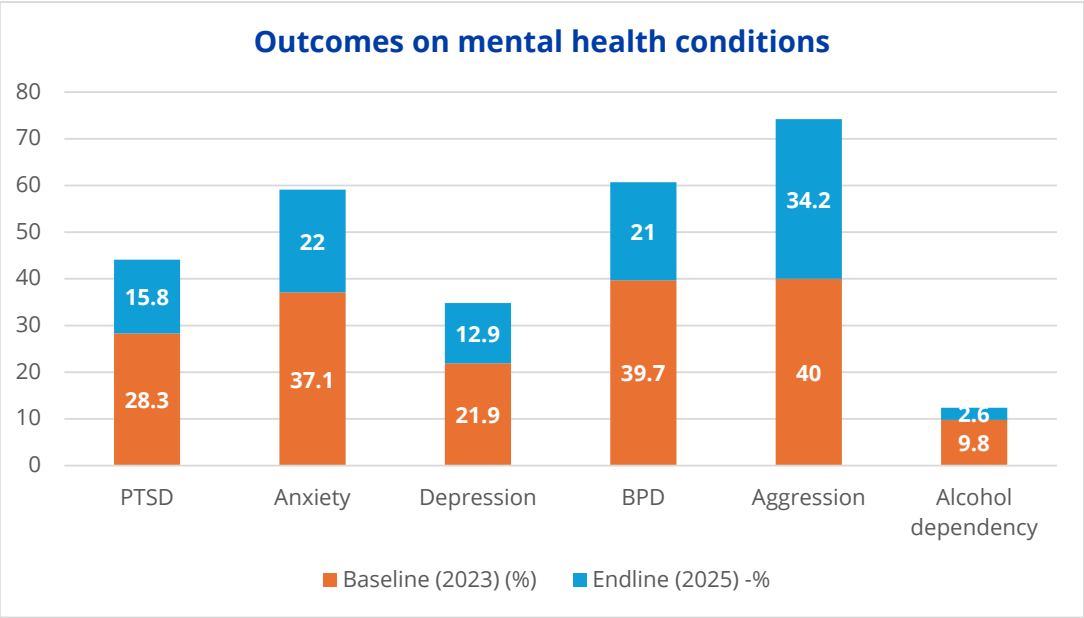
5.1. The impact of interventions on mental health and psychosocial well-being

5.1.1 Overview of sample and measurement approach

The mental health component of the endline survey evaluated psychological wellbeing, trauma symptoms, and resilience in 211 individuals who participated in the resilience-oriented therapy (ROT) intervention from the 2023 and 2024 intakes. Using validated tools, such as the Connor-Davidson Resilience Scale (CD-RISC) for resilience, the PTSD Checklist for DSM-5 (PCL-5) for trauma symptoms, the Cross-cutting Dimensional Scale (Cross-D) for anxiety, and the Beck Depression Inventory (BDI) for depression, the assessment provided a robust measure of participants' mental health status. It also incorporated context-specific items addressing emotional regulation, self-esteem, aggression, and hopefulness. Complementing these quantitative measures, qualitative reflections and interviews highlighted participants' personal journeys of emotional recovery, improved self-awareness, and strengthened psychosocial resilience in their communities.

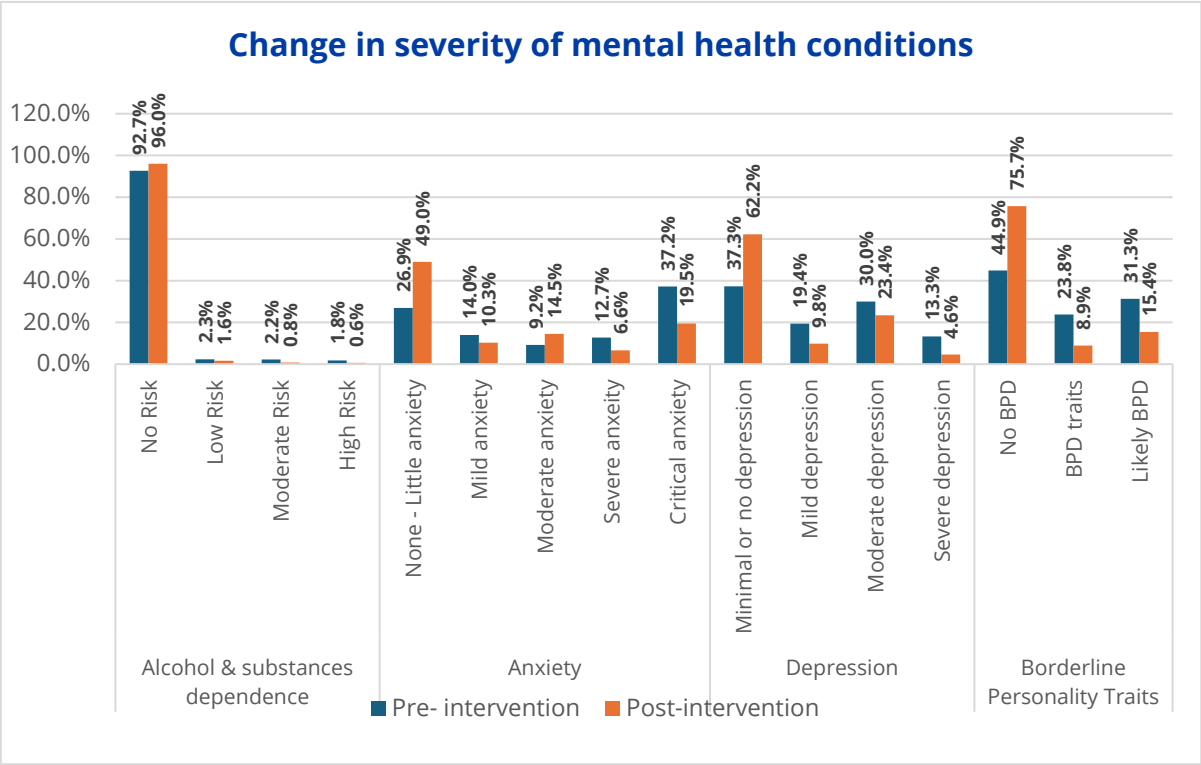
5.1.2. Changes in mental health conditions

Analysis of the mental health data showed that participants experienced clear and statistically meaningful improvements across all assessed psychological indicators after taking part in resilience-oriented therapy (ROT).



As shown in the chart above, the proportion of participants who experienced moderate to severe depression fell from 21.9% at the baseline survey to 12.9% at the endline survey; moderate to severe anxiety fell from 37.1% to 22%; PTSD symptoms fell from 28.3% to just 15.8%; symptoms of borderline personality disorder fell from 39.7% to 21%; and alcohol dependency fell from 9.8% to 2.6%. The interventions not

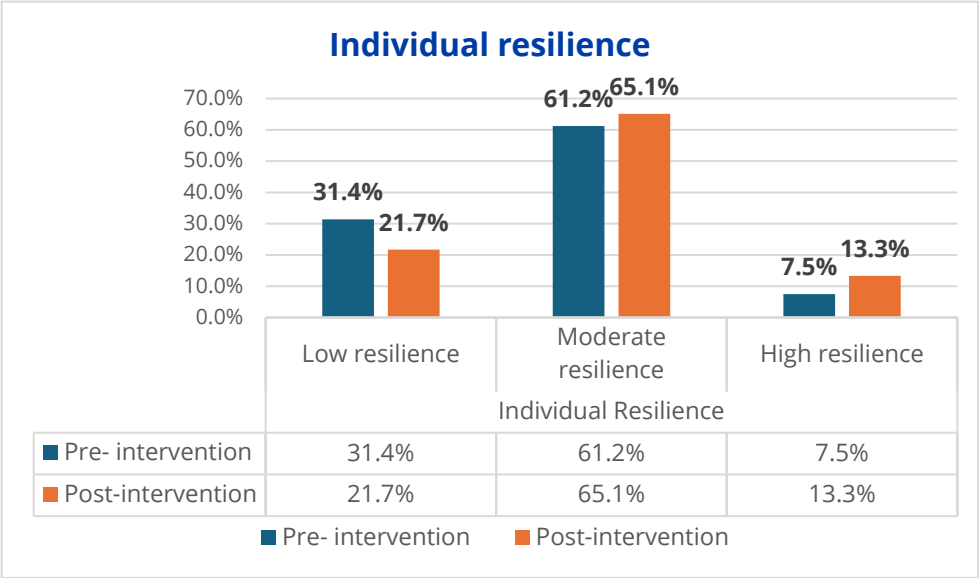
only reduced the prevalence of mental health conditions, but also the severity of symptoms for the remaining cases. The quantitative data revealed a pronounced fall in symptom severity.



At the baseline survey, nearly half of participants were considered to have moderate-to-severe mental health conditions. 45% of participants were classified as having severe mental health conditions, 38% as moderate, and 17% as mild. After intervention, the proportion of severe cases dropped markedly to 19%, while moderate cases declined to 27%. Conversely, mild cases increased to 54%, indicating a substantial improvement across the cohort.

These changes demonstrate that the programme reduced the overall prevalence of mental health distress and also facilitated the measurable recovery of many individuals, moving them from more acute to manageable states. Overall, the results revealed a strong positive trajectory; participants experienced less severe symptoms and higher recovery rates, confirming that interventions had a clearly positive impact.

The improvement is consistent with the quantitative findings from the Connor-Davidson Resilience Scale (CD-RISC), which registered an average 10.4-point increase in resilience scores between the baseline and endline surveys. The proportion of participants reporting a high level of resilience almost doubled (from 7.5% to 13.3%).



These changes indicate that participants not only benefited from targeted psychosocial support but also internalised coping strategies that enhanced their emotional regulation and stability. The qualitative feedback gathered during reflection sessions further reinforced this finding. Participants reported that they were calmer, slept better, and felt more hopeful - all signs of strengthened mental resilience and post-traumatic growth.

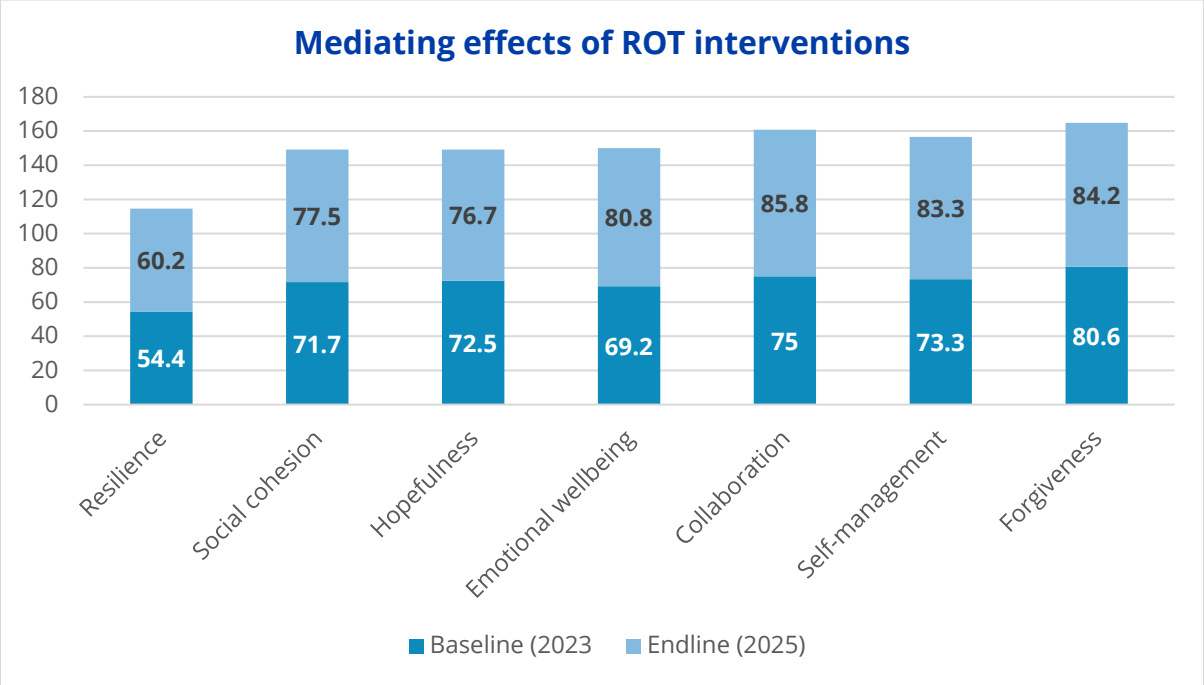
"Before joining the healing spaces, I was haunted by nightmares and constant anxiety that even caused me to have high blood pressure. Through the ROT sessions, I gradually found peace, the anger faded, my sleep returned, and even my health improved. By the end of the 30-week journey, I could function without medication. Today, I feel emotionally free and physically well, something I hadn't believed possible before." (A female Genocide survivor and ROT graduate in Kamegeri sector, Nyamagabe district.)

"For years, I carried silent pain that affected my body and mind. I lost weight, suffered constant headaches, and even thought and planned to end my life. Through ROT, I found the courage to open up, forgive, and heal. I regained peace, strength, and resilience. My family relationships have improved, my health is restored, and today I feel alive again, mentally and physically." (A female ROT graduate in Kibungo health centre, Ngoma District.)

"After years in prison, I lived in fear and isolation, unable to face those I had wronged. Joining the ROT group changed everything. It helped me process my emotions, rebuild confidence, and rediscover my humanity. Today, I can openly interact with people I once avoided. I feel mentally lighter, connected, and truly transformed." (A male former Genocide prisoner and ROT graduate in Ngoma District.)

These outcomes underscore ROT's effectiveness as a trauma-informed intervention that strengthens emotional regulation, reduces psychological burdens, and fosters long-term recovery.

ROT interventions improved mental health and psychological resilience, but also had mediating effects on other psychosocial indicators. The chart below presents comparative baseline (2023) and endline (2025) data for seven psychosocial dimensions: resilience, social cohesion, hopefulness, emotional well-being, collaboration, self-management, and forgiveness. Each represents a domain in which ROT aimed to strengthen participants' psychological and social functioning.



Across all indicators, a clear upward trend was observed between baseline and endline, confirming the positive mediating role of ROT in fostering holistic wellbeing. The most notable gains were recorded in forgiveness, which increased from 80.6 to 84.2, and collaboration, which rose from 75.0 to 85.8, reflecting enhanced relational trust and an increase in capacity to collaborate. Improvements in self-management (from 73.3 to 83.3) and emotional wellbeing (from 69.2 to 80.8) further underscore that participants strengthened their ability to regulate emotions and sustain positive mental states.

From darkness to light - Rosine's story of healing

During one of the most rapidly changing phases in life, as a teenager Rosine faced challenges that would overwhelm many adults. Living in Musanze-Gataraga, she dropped out of school in fifth grade due to poverty. When she became pregnant, her mother struggled to accept it, often insulting her and treating her differently from her siblings. She urged Rosine to *"go back to the father of your child"* and leave home to ease the financial and social burden. Left to fend for herself and her child, Rosine bought her own food and utensils, feeling abandoned and hopeless. The father of her child, who had once promised marriage, left after the baby was born, cutting off financial and emotional support. Overwhelmed by despair, Rosine admitted, *"I tried to kill my child and myself"*.

Her life began to change when she joined a resilience-oriented therapy group for teen parents. Through sessions facilitated by a psychologist, Rosine confronted her pain and began learning to manage her emotions. *"Through ROT, I started to accept myself and my circumstances,"* she recalls. Slowly, hope replaced hopelessness. She learned to respond calmly when insulted and to envision a brighter future for herself and her child.

Rosine's transformation rippled beyond herself. Her mother, who had once expressed frustration and shame, began to show trust and support for her daughter. *"As a parent, this pregnancy really hurt me,"* her mother reflected. *"It was hard to accept, especially because she did not tell me early on that she was pregnant, and I had to find out from others. But the more I accepted it, the more I am at peace and not sad about it anymore."* This reconciliation strengthened family bonds and highlighted the broader social impact of the intervention.

Today, Rosine is optimistic and proactive. She works in casual jobs to support her child while saving to start a business. She dreams of opening a shop and rearing livestock, demonstrating resilience, self-reliance, and ambition. Reflecting on her journey, she says, *"I have come out of darkness and now I am in the light".*

Rosine's story shows how psychosocial interventions can transform lives. By fostering resilience, emotional wellbeing, and hope, ROT not only changed Rosine's trajectory but also restored family relationships and strengthened her community's perceptions. Her journey illustrates the tangible, lasting impact of investing in young parents' mental health and empowerment.

5.2. Impact of interventions on family cohesion and intergenerational healing

The family is the foundational unit in Rwandan society. Decades after the Genocide against the Tutsi, intergenerational trauma continues to shape family dynamics, often manifesting as silence, mistrust, and emotional distance between spouses and between parents and children. Multi-family healing spaces (MFHS) were designed to directly address these fractures by fostering dialogue, empathy, and shared resilience within and across families.

Grounded in family systems theory, social constructionism and narrative therapy, MFHS combines psychoeducation with structured healing dialogues to help families rebuild communication, clarify values, and restore harmony.

Since its rollout in 2023, over 2,088 people, including both parents and (adult and young) children, have participated in MFHS interventions in the five districts of Musanze, Nyabihu, Nyamagabe, Ngoma, and Nyagatare. The interventions were evaluated using a mixed-method design that combined quantitative

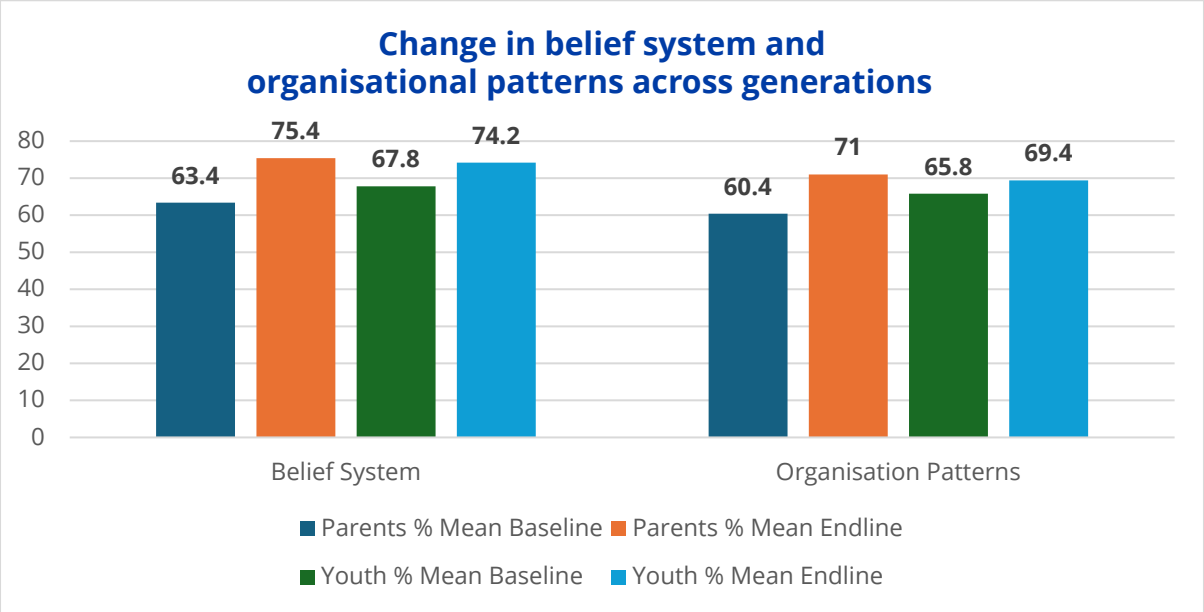
data from a randomised controlled trial and the 2025 endline survey with qualitative narratives from family case studies.

5.2.1. Primary family resilience outcomes

A. Belief systems and organisational patterns: building strength through shared meaning

The multi-family healing spaces significantly strengthened families' capacity to confront adversity through shared belief systems, collective meaning-making, and adaptive organisation. Quantitative data showed that both family belief systems and organisational patterns significantly improved. These form the foundation of Walsh's Family Resilience Framework (Walsh 2003). Parents' scores in the 'belief systems' domain rose from 63.4% to 75.4%, while youth scores rose from 67.8% to 74.2%. These gains suggest that families began to approach challenges as a unified team rather than isolated individuals.

Similarly, scores for 'organisational patterns', which capture adaptability, mutual support, and stability in times of stress, increased from 60.4% to 71.0% among parents and from 65.8% to 69.4% among children



The qualitative findings strongly reinforced these results. Many families reported that before they participated in MFHS, they experienced persistent conflict, often described as "*living in brokenness*" or *"everyone fighting for their own survival".* Participants said that they had normalised dysfunction and mistrust in their daily life. A mother from Nyamagabe District explained: *"Before, we lived like separate people under one roof. Each of us was alone in our pain. Through the sessions, we started to understand that our struggles are shared, we became a family again."*

A mother from Ngoma stated that: "*Now, we talk regularly as a family. I've seen my children become more understanding and responsible. They are now part of the discussions, and they offer solutions too. Before, I never thought children could contribute meaningfully to solving family challenges, but I've seen the change with my own eyes."* Youth participants also described taking on more active roles at home. A young man from Ngoma said: *"I now take the initiative and actively help with all household chores. I understand that family is about shared responsibility, and I feel proud to be contributing in this way. My parents also recognise my efforts, and*

it has brought us closer together." These testimonies illustrate how MFHS helped families strengthen their belief systems by shifting their perspectives on resilience, responsibility, and trust.

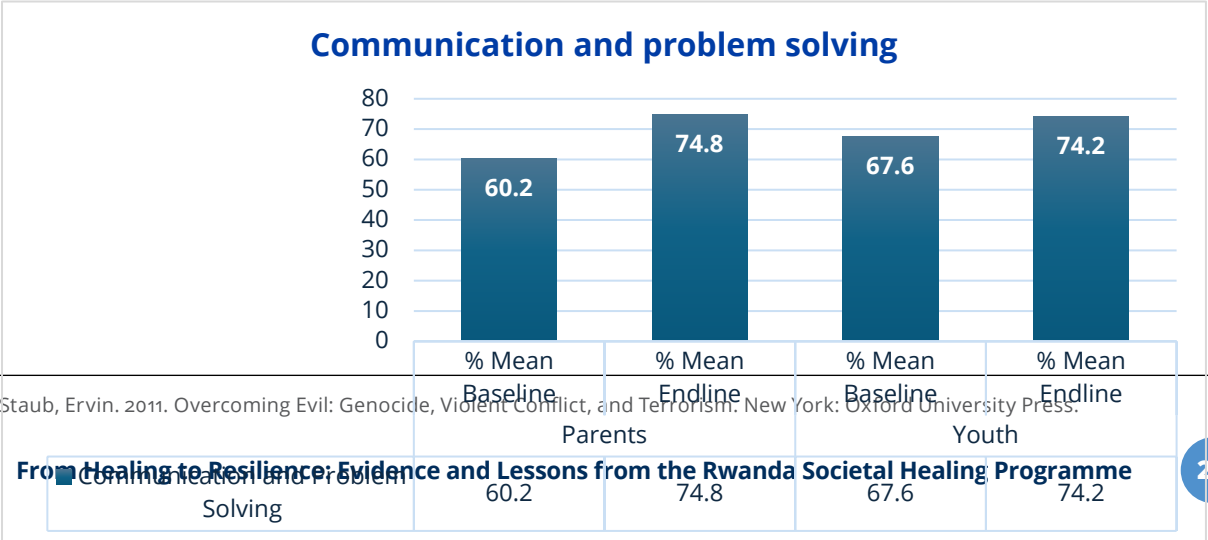
Participants also said that changing their belief systems had helped them to recover hope and meaning after years of social fragmentation. In Musanze and Nyabihu, families that had been stigmatised by Genocide legacies, whether as survivors or relatives of perpetrators, described feeling "*part of a larger humanity*" again. One participant remarked: *"In our group, I learned that even our pain could teach us compassion".* This transformation corresponds with the findings of post-conflict healing research, which suggest that collective storytelling and finding shared meaning promote forgiveness and rehumanisation (Staub 2011).[18]

The improvement in organisational patterns was also reflected in families' practical cooperation. Families began to share household responsibilities, form rotating savings groups, and practise joint parenting. Facilitators observed that many families that had previously struggled to plan together began to develop weekly routines, eat together, and hold discussions, all of which are expressions of stability. As Uwimana Emmanuel, a MFHS facilitator in Musanze, noted: "*When the space first began, the husbands and wives had a lot of conflicts because of money, alcohol and infidelity. You'd find one parent cooking for themselves and not for the rest of the family and children being left to shop and cook for themselves. When they entered the space, they understood the need to work together as parents to provide and sustain the family as a unit. They went from being individuals to being a couple that worked together. The discussions in multifamily are what led to this. We as facilitators started noticing changes in them, and building their knowledge, confidence and stability as families."*

These findings underscore that the MFHS intervention not only strengthened belief systems but restored a sense of shared structure, purpose, and moral coherence in families. Healing became not merely emotional recovery but an organisational transformation that restored the role of the family as a functional system of care and cooperation.

B. Family communication and problem-solving: from silence to constructive dialogue

Perhaps the most profound transformation associated with MFHS occurred in the domain of family communication and problem-solving. Quantitative analysis indicated substantial improvement in this area. Parents' scores increased from 60.2% at baseline to 74.8% at endline, and youth (children) scores from 67.6% to 74.2%. These gains indicate that families increased their ability to engage in constructive communication, navigate conflict, and seek solutions collectively.



18 Staub, Ervin. 2011. Overcoming Evil: Genocide, Violent Conflict, and Terrorism. New York: Oxford University Press.

This progress is particularly striking given the backgrounds of most participating families. According to facilitators and local leaders, many of the households referred to MFHS were listed in local government records as 'families in constant dispute' or 'dysfunctional households'. Previous interventions, such as administrative mediation, local domestic conflict mediation, or counselling, had largely failed to yield lasting results. Many of the families in question experienced recurrent domestic violence, abused alcohol, and did not communicate. As one sector leader from Ngoma noted: *"We had reached a point where local leaders could only intervene when there was physical violence. Conversations were impossible."*

Structured MFHS dialogues provided a safe space in which such families could hold facilitated, trauma-informed conversations. Over time, silence gave way to vulnerability and openness. Cassien, a father from Musanze, remarked: *"Before, I would dictate to my family what to do, but through the lessons, I learnt to discuss decisions before they are made … I learned to communicate without being mean or aggressive."* Couples described a decline in domestic quarrels. According to Beatrice in Musanze: *"Before MFHS, we would get drunk and fight. We would not think about how our children would eat. Everyone would fend for themselves. The group helped us reduce drinking and this has helped us stop fighting."*

A youth participant from Musanze said: *"At first, I didn't believe my parents could ever listen to me. But during the sessions, I saw them cry when I shared my feelings. That was the day I started trusting them again."* Another father from Nyabihu added: *"We learned that listening is more powerful than shouting".*

The improvement in problem solving can be interpreted as both a psychosocial and behavioural shift. It is psychosocial in that families learned emotional literacy and empathy; behavioural in that they developed new routines for discussing challenges together. Facilitators reported that families began forming 'family councils' - small, weekly meetings at which members discuss finances, chores, and emotional issues.

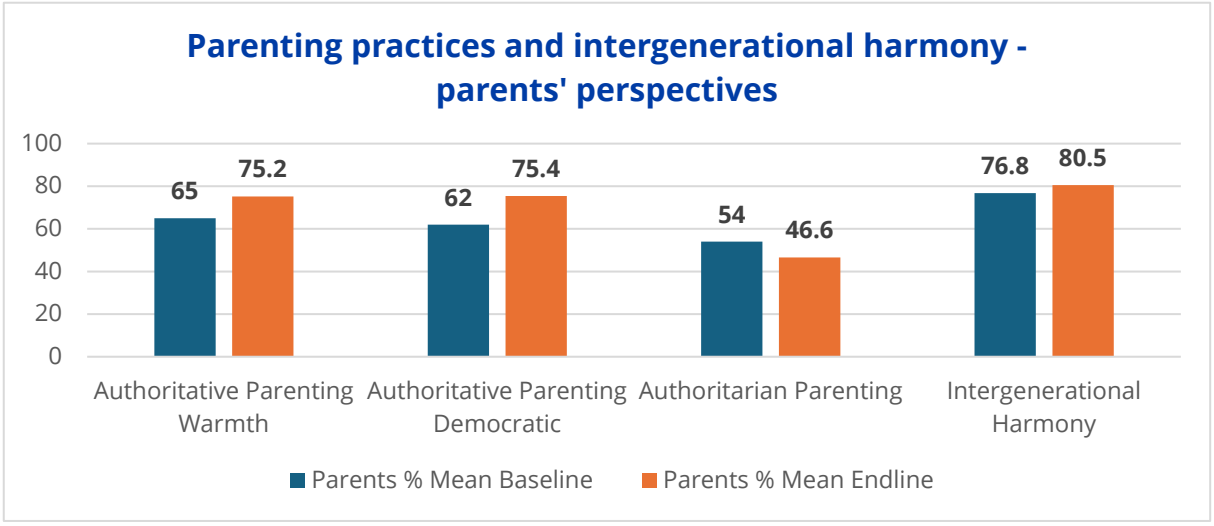
From a resilience perspective, this transformation reflects the transition from reactive conflict to collaborative adaptation (Walsh 2016). Families replaced cycles of anger and silence with dialogue and joint decision-making. This shift is critical in the Rwandan context, where studies have shown that domestic violence and poor family communication remain key predictors of child behavioural problems and youth disengagement (Schaal and Elbert 2006).[19]

As one mother from Nyamagabe put it: *"We used to fight in front of the children; now we solve things by talking".* Children echoed this transformation. One noted: *"Before, I used to leave the house for days when we argued. Now, I sit and talk with other family members, and together we find solutions."* These accounts show that, after participating in MFHS programmes, families not only reduced the incidence of conflict but gained in trust and felt psychologically safer. These are essential preconditions for intergenerational healing and social cohesion.

19 Schaal, Susanne, and Thomas Elbert. 2006. 'Ten Years after the Genocide: Trauma, Mental Health and Reconstruction in Rwanda.' *Trauma, Violence, & Abuse* 7(3): 211–224.

C. Parenting practices and intergenerational harmony: from authority to empathy and involvement

The MFHS interventions significantly improved parenting practices and intergenerational harmony, measured in terms of warmth, democratic participation, and reduced verbal hostility. Quantitative results indicated that the proportion of parents who displayed authoritative parenting, warmth and involvement increased from 65.0% to 75.2%, while the proportion of youth who perceived that their parents parented positively rose from 68.3% to 70.0%. Democratic participation improved even more dramatically: in the view of parents it rose from 62.0% to 75.4%, and in the view of youth from 63.6% to 71.0%. Authoritarian verbal hostility decreased markedly: in the view of parents it fell from 54.0% to 46.6%, and in the view of youth from 49.4% to 47.8%.



These results indicate a broad move away from rigid, authoritarian parenting towards empathy-based, participatory family relationships. The change is particularly significant given the historical and psychosocial context. Many parents entered MFHS carrying unprocessed trauma from the Genocide and post-conflict hardship. Studies show that unresolved trauma often manifests as emotional withdrawal, harsh discipline, or inconsistent caregiving (Betancourt et al. 2011).[20] It was observed, during the healing sessions,

20 Betancourt, Theresa S., et al. 2011. 'Psychosocial Adjustment and Mental Health in Former Child Soldiers.' *Journal of the American Academy of Child and Adolescent Psychiatry* 50(4): 330–349.

that parents' capacity to nurture was often eroded by their own pain. As one youth participant from Nyamagabe said: *"I used to fear my father more than I respected him. Now, I talk to him like a friend."*

A father from Musanze District reflected: *"I used to think discipline meant fear. I shouted at my children because I was angry with life. In MFHS, I learned that respect could come from love, not fear."* Similarly, a mother from Ngoma said: *"Before, I never hugged my children, I thought it made them weak. Now, I hug them every day."*

The sessions enabled parents to recognise how their trauma and marital conflicts had shaped their children's behaviour. Youth testimonies revealed that parental anger and emotional distance often led to depression, truancy, or substance use. This mirrors national data: according to the Rwanda Demographic and Health Survey (NISR 2021),[21] adolescent mental distress and risk behaviours (such as school dropout and teenage pregnancy) remain significant and are often linked to family dysfunction. Through MFHS, families began to bridge this emotional gap.

A couple in Ngoma recounted that dialogues had enabled them to reconnect with their son, who had been struggling with alcoholism: *"Gradually, we began having deep, meaningful conversations. Those sessions opened a door for us to understand each other and to rebuild trust. My son began changing step by step. Today, he's married and has built his own home, a symbol of the new life he's embraced. We never thought this would be possible, but through the programme, we found each other again as a family."* This case illustrates how MFHS fosters trust, reconciliation and healing across generations.

These accounts align with the programme's success in achieving a measured increase in intergenerational harmony, which reached 80.5% among parents and 78.5% among youth at the endline survey. Facilitators described this shift as a move "from control to connection", in which youth gained voice and parents found emotional stability. As one of the children explained: *"Before, children in our home had no voice. But after MFHS, everything changed. Now our parents listen to us. They even allowed me to start raising pigs; something that would have been unthinkable before. Now, we hold family meetings, share our dreams, and plan together. My parents are not only authority figures anymore but also partners in building our future."* This shift illustrates how inclusive parenting practices foster trust, responsibility, and stronger intergenerational bonds.

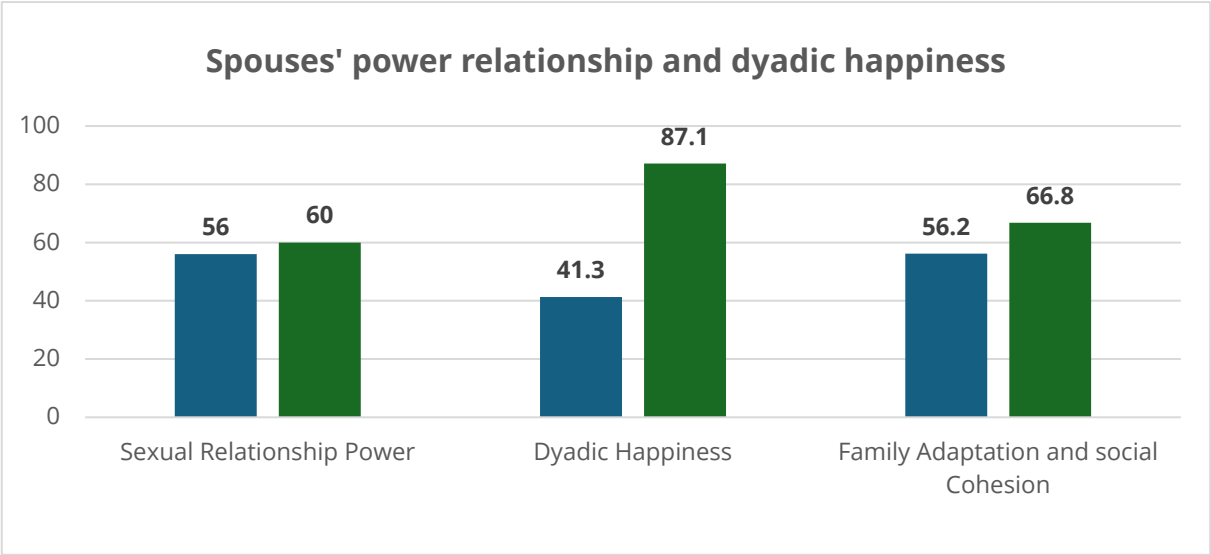
Empirical evidence from Rwanda supports this claim; research has shown that interventions that promote positive parenting and trauma healing have significantly reduced domestic violence and improved child outcomes (Mukashema and Mullet 2010).[22] MFHS brought both psychosocial and preventive benefits; it mitigated intergenerational trauma while reducing youth exposure to delinquency, early pregnancy, and social exclusion.

21 National Institute of Statistics of Rwanda (NISR). 2021. *Rwanda Demographic and Health Survey 2020–21.* Kigali: NISR.

22 Mukashema, Ildephonse, and Etienne Mullet. 2010. 'Reconciliation Sentiment among Victims of Genocide in Rwanda: Conceptualizations, Determinants, and Measurement.' *Social Indicators Research* 99.

D. Happiness and relationship power: rekindling joy and partnership

Beyond communication and parenting, the MFHS programme profoundly improved relationship satisfaction and emotional wellbeing in households. Quantitatively, dyadic happiness rose dramatically from 41.3% to 87.1%, while family adaptation and social cohesion increased from 56.2% to 66.8%. These results suggest the programme improved the emotional connection between spouses and also increased collective stability.



The qualitative findings add rich texture to this transformation. Many couples said that MFHS had provided their first structured opportunity to address long-standing emotional pain and resentment. A mother from Nyabihu District remarked: *"For years, I thought my husband was my enemy. In these sessions, I discovered he was also broken like me."* This moment of recognition, seeing one another as human again, marked the beginning of mutual healing.

Facilitators noted that couples began exhibiting affection and teamwork even in public gatherings, a cultural marker of reconciliation in Rwanda's rural settings. As one facilitator reported, *"Couples who couldn't sit together before now arrive holding hands."* Such gestures symbolise the renewal of emotional intimacy and relational equality.

Moreover, such emotional improvements often translated into economic cooperation. Couples jointly initiated small family businesses, co-organised their budgets, and pooled resources for their children's education. The link between emotional healing and economic collaboration is confirmed by resilience research which suggests that psychological wellbeing enhances collective efficacy and adaptive functioning (Masten and Obradović 2008).

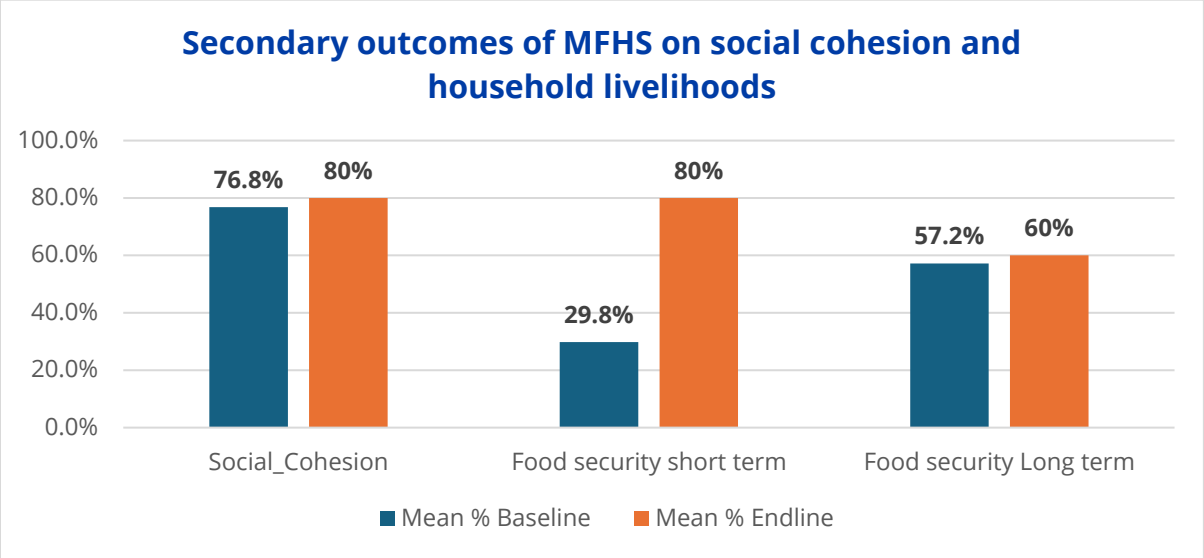
For many participants, happiness also caused hope to re-emerge. One father in Ngoma summarised this succinctly: *"We are laughing again in our house. That is the sign that peace has returned."* Facilitators observed that children's school performance and attendance improved as family harmony increased, another indirect indicator of psychosocial stability.

In sum, the MFHS process healed relationships at micro-level, between spouses, parents, and children, producing tangible improvements in both emotional wellbeing and social cohesion. Families that were once divided became examples of reconciliation, embodying the programme's central philosophy: that sustainable peace begins at home.

5.2.2. Secondary outcomes: effects of family healing on social cohesion and household livelihoods

Beyond their primary effects on emotional wellbeing and family functioning, MFHS interventions generated a range of secondary benefits that strengthened household stability, social cohesion, and community reintegration. The ripple effects of these family-level transformations were visible at community level. Local leaders from the districts of Ngoma, Nyabihu, Nyamagabe, Nyagatare, and Musanze reported that several families that had been considered 'dysfunctional' or 'in constant dispute' were now seen as 'examples of transformation'. One cell executive secretary explained: "*These were families always in our conflict records. Today, they are the ones advising others.*"

The quantitative data showed clear improvements in social cohesion and food security, suggesting that emotional and relational recovery led to more cooperative action and improved livelihoods. The mean score for social cohesion increased from 76.8% at the baseline survey to 80% at the endline survey, indicating that families who had previously lived in isolation or social tension were participating more actively in community life and mutual support networks. Similarly, short-term food security (the ability to consistently meet household food needs) rose sharply from 29.8% to 80%, while long-term food security improved from 57.2% to 60%. These shifts demonstrate not only that economic resilience had improved but also that families were cooperating more and setting themselves resource management and livelihood goals.



Qualitative reports powerfully illustrated these statistical trends. Families reported that, through MFHS, they developed essential social-emotional competencies in the areas of anger regulation, empathy, and constructive conflict resolution, which strengthened their family and community ties. A father from Ngoma District said: *"Before MFHS, I could not control my anger, I used to shout or even leave home for days. Now, when I feel angry, I take time to breathe and talk calmly."* A mother from Musanze reported: *"We learned that silence and violence destroy families. Talking about feelings is now part of our daily life."* These improvements in emotional regulation and communication directly contributed to a measurable rise in family and social cohesion.

The programme also fostered economic cooperation and food security. Families began to initiate small joint livelihood projects, including vegetable gardens, poultry rearing, and livestock farming. Many of them emphasised that these collective ventures not only improved their nutrition but deepened solidari-

ty. A youth participant in Nyabihu remarked: "*We decided to start rearing chickens as a family. It taught us to plan together and share responsibilities. Now, we have enough eggs to sell and to eat."* Participants repeatedly linked shared economic activity to improved emotional connection. As one parent in Nyamagabe put it: *"When we work together, we eat together and live in peace."*

The MFHS also facilitated reintegration of formerly incarcerated family members, a process that has long been challenging in post-Genocide Rwanda. Through structured dialogues, relatives of ex-prisoners were helped to process lingering resentment, guilt, and fear, while former detainees were guided to express remorse and take accountability. A mother from Nyamagabe commented: *"I had promised never to speak to my brother again after what he did* [during the 1994 Genocide against the Tutsi]*. But during MFHS, I realised that forgiveness was part of my own healing. Now we talk every day."* Formerly incarcerated participants described the process as liberating. One father, reintegrated after more than a decade in prison, said: *"At first, I thought my family would never accept me. But MFHS gave us the words we didn't have; words of forgiveness."*

From silence to shared voices: the Kayinamura family's journey of healing

Once divided by fear, silence, and mistrust, the Kayinamura family of Nyanza Cell, Cyanika Sector, Nyamagabe District, now embodies the transformative power of dialogue and empathy. After serving eight years in prison for crimes committed during the 1994 Genocide against the Tutsi, Alphonse Kayinamura returned home burdened by guilt and rejection, unable to reconnect with his wife, Speciose Murekatete, or with their daughters, Evangeline Byukusenge and Florence Ingabire, who, as they grew older, came to understand the gravity of their father's wrongdoings. Their home was marked by tension, arguments, guilt, disrespect and emotional distance – an illustration of Rwanda's fractured social fabric. Everything began to shift when they joined the multi-family healing space.

In the MFHS sessions, Alphonse encountered both Genocide survivors and fellow former prisoners in an atmosphere of equality and mutual respect. "*I learned how to live peacefully with my family and neighbours,*" he said, reflecting on the gradual transformation from fear to empathy. Speciose, too, learned to replace blame with listening and to invite her children into open conversations: "*We learned to communicate better as a family; our children now feel heard and valued*".

Their daughter, Florence Ingabire (19 years old) described how the household environment used to be discouraging for the children, with constant conflict and little regard for their opinions. Now, she says, *"We sit together and talk. Our views are considered, and our home feels safer and more loving."* Her younger sister, Evangeline Byukusenge (17 years old), shared this sentiment: *"Before the dialogues, we couldn't ask questions or share our ideas with our parents. We had no voice. Now, we can talk freely. We even share our dreams with them."*

Today, the Kayinamura family's home is filled with conversation, shared decision-making, and plans for a better future, including renovating their home together. Their story reveals how healing begins in the family and radiates outward, rebuilding community trust. The family is living evidence that multi-family healing spaces restore dignity, nurture emotional literacy, and create the foundation for sustainable reconciliation in post-Genocide Rwanda.

5.3. Healing together: rebuilding social cohesion and community resilience

Social cohesion lies at the heart of the SHP, reflecting its mission to reknit Rwanda's social fabric, torn by the 1994 Genocide against the Tutsi. Beyond physical and economic reconstruction, national healing requires the restoration of trust, empathy, and belonging. SHP's community sociotherapy programme created safe spaces where dialogue, mutual recognition, and reconciliation could unfold naturally.

Between 2021 and 2025, sociotherapy reached more than 5,000 participants (including those in correctional facilities) in the districts of Ngoma, Nyagatare, Musanze, Nyabihu, and Nyamagabe. Its objective was to transform fear into trust, isolation into belonging, and hostility into cooperation. This chapter presents quantitative and qualitative evidence, including testimonies of personal and communal transformation, that shows that sociotherapy brought measurable improvements in trust, belonging, forgiveness, and safety.

5.3.1. From past divisions to shared identity

The Genocide's enduring legacy left communities divided by fear, resentment, suspicion and silence. Many survivors suffered in isolation, while perpetrators and their families lived with stigma and shame. Sociotherapy created structured, safe spaces where these individuals could rebuild trust through dialogue, empathy, and shared humanity.

From fear to forgiveness: healing through adult sociotherapy in Ngoma

Alphonsine used to walk through her village clutching a knife. Considered crazy by neighbours, gaslit by perpetrators who denied the crimes she had witnessed, and tormented by unprocessed grief, she trusted no one. At night, sleep never came, only memories of what she had lost and bitterness toward those who pretended she didn't exist.

Just a few kilometres away, Aloys was also battling sleepless nights. Once a Genocide perpetrator, he had returned home after serving 10 years in prison. Though welcomed back by his wife and neigh-

bours, fear gripped him. He dreaded facing the people he had hurt and avoided their gaze. *"I could not sleep. I was afraid to meet those I wronged,"* he admits. Adult sociotherapy in Ngoma district changed everything.

At 61, Aloys speaks with a frankness that reflects both regret and transformation. After the 1994 Genocide against the Tutsi, he fled to Tanzania, then later to Musanze where he pretended to be 19 years old. He even wore shorts and shaved his beard to evade detection. For years he lived under a false identity until he was discovered, arrested, and sentenced to 11 years in prison, though he was pardoned after serving 10. "*Sociotherapy came on time for me,"* Aloys says. Through the group sessions, he began to confront his past instead of hiding from it. He went further: he urged fellow perpetrators to reveal the locations of hidden bodies. His advocacy led to the recovery of 11 victims, giving families the closure they had waited decades for.

For Alphonsine, the Genocide destroyed not only her family but also her sense of belonging. *"I was traumatised and hurt because some of the people who had taken part in the Genocide and were never brought to justice would gaslight me and call me crazy whenever I tried to speak out about their crimes,"* she remembers. Her distrust led to drink heavily, fight, and neglect herself. Meeting Aloys again in sociotherapy began to soften her heart. He stopped avoiding her, acknowledged the harm he had done, and worked alongside her to uncover hidden graves. "*I healed because of sociotherapy,"* she says simply. Today, their relationship is astonishing. *"Aloys and I live well together. We invite each other to family events such as weddings. He even contributed to the weddings of two of my children."*

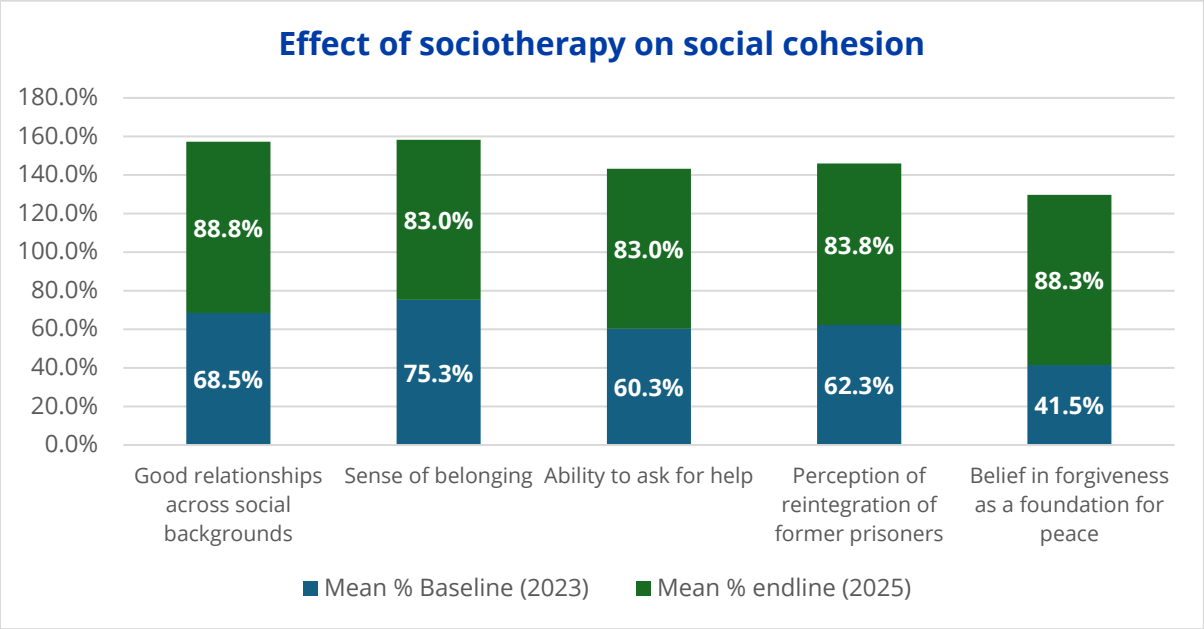
Another member of the group, Monique, was only 15 during the Genocide. Long before the violence erupted, she was tormented at school simply for being Tutsi. On 7 April 1994, her home was raided. She escaped with seven siblings, but the trauma lingered. *"I was extremely traumatised, isolated, and I hated people,"* she recalls. Through sociotherapy, Monique found the courage to forgive and collaborate even with perpetrators: *"If it wasn't for sociotherapy, we would not have found the remains of our loved ones, because Aloys and his mates would not have opened up".* Today, she urges others to embrace truth-telling: *"Gutanga amakuru bifasha kubohoka; sharing information helps you to be free."*

The journeys of Aloys, Alphonsine, and Monique show that reconciliation is possible even after the deepest wounds. Survivors who were silenced now speak with dignity. Perpetrators who once hid in fear now take responsibility. Together, they are shaping a legacy of healing and truth for future generations.

Ngoma's experience is becoming a quiet model of what reconciliation can look like when psychosocial healing meets courage and accountability. It is not just about individuals finding peace, but about entire communities rebuilding trust and resilience. As Alphonsine says with conviction: *"Today, we live well together".* And from this unlikely healing, a message resounds far beyond Ngoma: even in the aftermath of unimaginable violence, reconciliation is possible, and it can light the way for a more peaceful future.

The sociotherapy programme significantly improved social relations fractured by the Genocide's enduring legacy. Quantitative data showed a consistent rise in social cohesion scores, The results demonstrated that sociotherapy interventions enabled participants to significantly strengthen their trust, sense of belonging, forgiveness, and overall social harmony. At the baseline survey, 68.5% of participants reported having good relationships across social backgrounds, compared to 88.8% at the endline survey – a rise of 20.3 points that highlights how much community members have grown to accept and respect each other. Sense of belonging improved from 75.3% to 83.0%, implying that more people felt connected to and included in their communities.

The ability to ask for help rose sharply from 60.3% to 83.0%. This too implies that communities acquired more interpersonal trust and provided more social support. Perceptions of the reintegration of former prisoners also improved, from 62.3% to 83.8%, suggesting that communities were more open to reconciliation with previously marginalised ex-detainees. Belief in forgiveness as a foundation for peace showed the most remarkable increase, from 41.5% to 88.3%, nearly 47 percentage points, implying that a deep change had occurred in attitudes to forgiveness, empathy, and peacebuilding.



These shifts were echoed in participants' stories. A young man from Kinigi said: *"Before sociotherapy, I was angry and avoided everyone. Now, I live peacefully with those I once considered enemies."* A Genocide survivor from Ngoma spoke in similar terms: *"I used to isolate myself because of what happened to my family. But hearing others' stories helped me understand that pain exists on both sides."* These narratives mirror the findings of Staub (2011) and Mukashema and Mullet (2010) that shared vulnerability and empathy are foundations on which trust can be rebuilt after mass violence.

The sociotherapy group became a microcosm of broader Rwandan society: a place where fear and prejudice were replaced by shared humanity. A facilitator from Musanze remarked: *"People who couldn't sit in the same room at the beginning now work together in cooperatives."* Through this process, sociotherapy helped to reconstruct social networks and transform fractured communities into collectively resilient societies.

5.3.2. From exclusion to reconnection: reintegration and restorative justice

Post-Genocide Rwanda has faced an ongoing challenge: how to reintegrate former prisoners and armed group members into communities still grappling with trauma and moral injury. SHP addressed this through sociotherapy, which provided structured spaces in which to explore accountability, forgiveness, and social reintegration.

In sociotherapy groups, ex-prisoners, survivors, and their families confronted moral injury and historical wounds together. Quantitatively, trust between community members and former inmates increased by 48%, while self-reported acceptance of returnees into social activities (such as farming cooperatives and

mutual assistance groups) rose from 41% at the baseline survey to 74% at the endline survey. These figures are reinforced by qualitative evidence. A former prisoner from Busogo explained: *"When I came back from prison, no one spoke to me. In sociotherapy, I learned to ask for forgiveness, and people started greeting me again."* A widow in Nyagatare, whose husband was killed during the Genocide, said: *"At first, I could not even look at the man who had hurt my family. But now we meet in the group, and we can talk. He apologised; I forgave."*

Facilitators observed that restorative dialogue provided a transformative space in which both sides could process emotions of guilt, anger, and grief. One facilitator from Jomba sector-Nyabihu noted: *"Some ex-prisoners cried when survivors accepted their apology. That moment changed how the entire group saw forgiveness, not as weakness, but as strength."*

The reintegration process went beyond psychosocial restoration. It extended to cooperative livelihoods that fostered dignity and belonging. In the words of a former prisoner from Musanze District: *"I was imprisoned for my role in the Genocide and when I was released I joined sociotherapy. It has taught me what it really means to reconcile and has helped me build relationships with my neighbours, including those I wronged. … I now work together with Genocide survivors, share all things and we have too our potato farming group."*

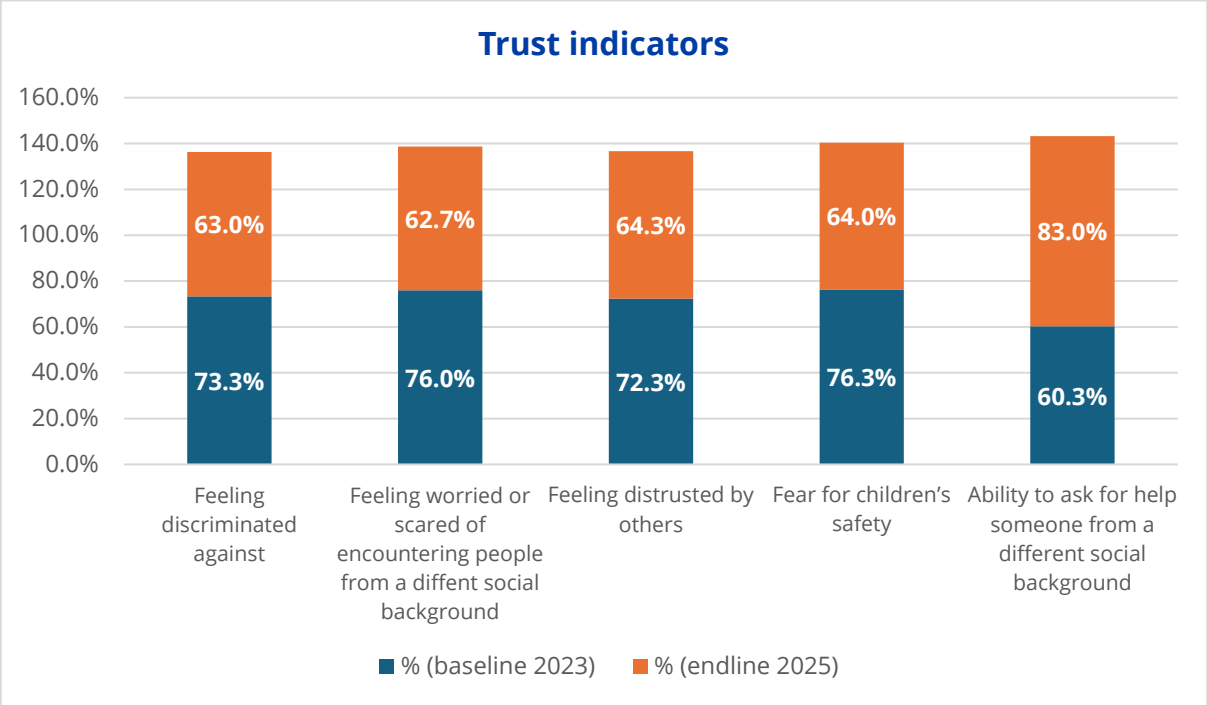
Another repatriated former combatant declared: "*I was a Rwandan soldier in the '90s but fled to Congo and joined their army (FARDC) and later joined FLDR. … Since joining sociotherapy, I have understood that I am Rwandan just like everyone else and do not have an issue with anyone. I can share meals and drinks with others and tolerate people I never used to tolerate before."*

By enabling participants to process shame, guilt, and social alienation, the programme redefined rehabilitation as a process of relational accountability and economic collaboration.

5.3.3. Restoring trust, forgiveness, and reconciliation

Sociotherapy profoundly affected the interpersonal dynamics between Genocide survivors and perpetrators' families; it rebuilt bridges long thought impossible to mend. The findings from the Trust Indicators graph show a clear overall improvement in social cohesion and intergroup relations between the baseline survey in 2023 and the endline survey in 2025. Feelings of discrimination clearly declined, from 73.3% to 63.0%, indicating that participants felt more accepted and respected in their communities.

Similarly, the proportion of respondents who reported feeling worried or scared of encountering people from different social backgrounds decreased from 76.0% to 62.7%, suggesting that people who belong to groups with diverse histories are coming to accept and become familiar with each other. Feelings of being distrusted by others also declined slightly, from 72.3% to 64.3%, pointing to an improvement in mutual confidence and intergroup relationships. The fear for children's safety reduced from 76.3% to 64.0%, suggesting that more people feel safe in their community and that social tension has fallen. Most notably, the ability to ask for help from someone of a different social background rose sharply from 60.3% at the baseline survey to 83.0% at the endline survey. This strong positive shift demonstrates that solidarity, cooperation, and interdependence are growing within and between social groups.



Survivors reported that they had let go of long-held resentment. A woman from Nyagatare said: *"Bringing both sides together was unimaginable. We used to cross the street to avoid each other. Now, we meet and share work in our farming group."* In parallel, a former prisoner from Busogo reflected: *"I once thought forgiveness was impossible. Sociotherapy taught me to ask for it sincerely, now I live peacefully with survivors."*

Family members of perpetrators also found redemption through community acceptance. The wife of an ex-prisoner in Jomba Sector acknowledged: *"Before, I hid my husband's past from everyone. Now people invite us to community meetings, we feel part of society again."* Facilitators confirmed that reconciliation became visible in everyday interactions, cooperative work, shared meals, and renewed communication.

These patterns echo the restorative justice principles discussed by Zehr (2002), who emphasised that healing after harm requires acknowledgment, apology, and relational restoration. The evidence suggests that forgiveness in these contexts was not symbolic but *functional*, enabling social collaboration and reducing intergroup tension.

5.3.4. From isolation to collaboration: strengthening social tolerance, inclusion, and collaborative livelihood.

In post-Genocide Rwanda, social marginalisation often mirrored lines of historical division. Widows, orphans, former prisoners, and youth from both sides faced stigma and exclusion. The sociotherapy programme was designed to dismantle these barriers by fostering mutual respect and joint participation in productive activities. In quantitative terms, participation in collective economic initiatives grew by more than 30%, and self-reported perceptions of community acceptance increased from 52% to 78%. A former prisoner from Busogo commented: *"After my release, I lived in shame. Sociotherapy helped me find peace and purpose. Now I farm side by side with survivors."* From the other side, a widow in Ngoma said: *"At first, I couldn't believe I could work with someone whose husband killed mine. But we learned that forgiving doesn't mean forgetting, it means living again."*

Facilitators and local authorities corroborated these transformations. A community leader from Nyabihu noted: *"Families we once recorded as always fighting or drinking now lead village meetings. They became examples."* These outcomes show that bonding and bridging social capital (Putnam, 2000) can transform once-polarised communities into collaborative systems of mutual reliance. In the words of a male participant from Ngoma District: "*As a group, we formed a savings association that helped me continue farming successfully. … I can now borrow from the group fund whenever I face difficulties. The group members also share valuable ideas that support my farming activities*."

A community facilitator in Jomba, Nyabihu district, reported: *"Their group started a savings group. They would give 1000 Rwandan francs per week and at the end of the six months they bought land and now they have a big farm with vegetables in it and harvest things that give them 50,000 Rwandan francs each per month.*" The sociotherapy programme successfully empowered local communities by increasing their capacity for collaboration and leadership.

5.3.5. Secondary outcomes: the effects of sociotherapy on family outcomes

Improvements in social cohesion were closely tied to changes at family level. Quantitative data showed that agreement with the statement "In my family, we discuss things until we reach a solution" rose from 2.01 to 2.70 (on a 4-point scale). Families that local authorities previously described as 'dysfunctional' showed new problem-solving abilities and emotional stability.

Family relations	Mean baseline (2023)	Mean endline (2025)
In my family we feel understood by each other.	2.19	2.84
In my family, we work to make sure that family members are not emotionally or physically hurt.	2.23	2.93
In my family, we discuss things until we reach a solution.	2.01	2.70
In my family, we discuss the history of Rwanda and the Genocide, in a way that makes us learn from the past and become better and stronger persons.	1.74	2.34
Family relations: mean	1.79	2.21

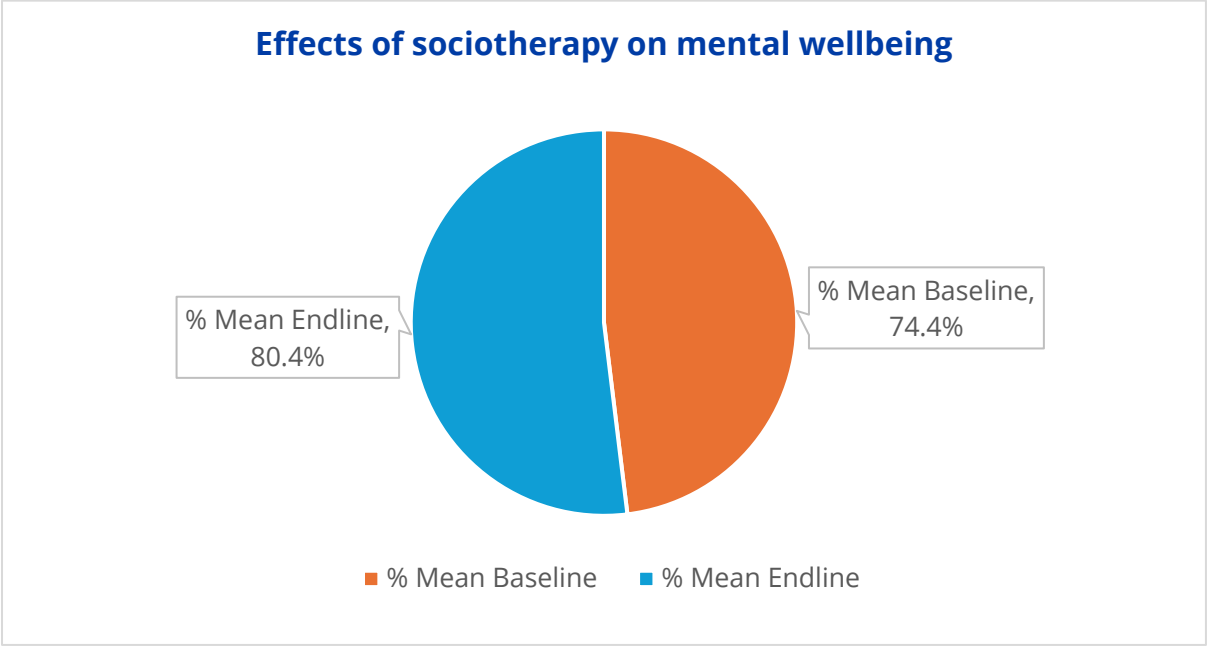
A young woman from Kinigi-Musanze said: *"I used to drink to forget my problems and fought with my parents. Sociotherapy helped me speak openly. Now, I feel trusted again."* Deo from Nyakigando-Nyagatare reported: *"My father never trusted me before. Today, I handle his bank transactions."* These transformations align with Walsh's (2016) family resilience theory, which suggested that effective family communication and adaptability underpin wider community recovery.

Local facilitators emphasised the visible social ripple effect. One said: *"When a family resolves internal conflict, the neighbours also live in peace".* In this way, the emotional healing of individuals and families laid the foundation for community-level reconciliation and stability.

5.3.6. Mediating effects: psychological healing as a pathway to cohesion

The sociotherapy process addressed deep-seated psychological wounds that historically perpetuated mistrust and community division. By creating a structured, confidential space in which people could empathise, tell their stories, and show group solidarity, the intervention enabled participants to move from internalised pain to restored relational confidence.

A young woman from Kinigi Nyonirima in FGD said: *"Before sociotherapy, I had an issue with my parents. Growing up, I found out my parents were not married. My father brought a new wife to our home who was not from the same historical background as us (we are Hutu, and she was Tutsi) and this caused conflict in the family. People in my family and community made me hate her and taught me not to trust her because she was a Tutsi and so I also refused to live with her. I felt like I hated Tutsis because of all that I had heard about them. I went to live with my mother, but my father would come and take me back to his house. A while later, I was raped by a Tutsi and got pregnant and as a result, I hated Tutsis even more than before. I started living alone and did not want to be around anyone. Those around me knew me as someone who does not speak a lot, and it was because of all the wounds I had. When I came to sociotherapy, I learned about the wounds I had by listening to others who had worse stories. I started to trust others and learned to forgive. It led me to have a conversation with my stepmother to whom I had not spoken before. I realised she was not the problem and rather it was what other people had taught me which led me to hate her. I learned that I need to live with all people and become accommodating with those who are different from me. My stepmother treats me as one of her own children. I felt like I did not love my child because I was raped, but because of the lessons from sociotherapy, I have learned to love and take care of my child. Today, I sell food in the market to support myself and my child, and I can save some of the money to plan for my child's future."*



The quantitative evidence revealed that participants' mental wellbeing rose from 74.4% before the interventions to 80.4% after the interventions; stress and anger levels dropped by over 40%, while self-reported resilience scores increased by nearly 30%. These improvements reflected participants' own accounts: they reported that they had less intense trauma symptoms, had more self-awareness, and were socially more engaged. A widow from Ngoma said: *"I carried anger and fear for years. Through sociotherapy, I learned to speak my truth and forgive myself."* Jean de Dieu, son of a perpetrator, remarked: *"I used to avoid people because I felt judged. Now I see that everyone has a story, and mine doesn't define me."*

Such shifts demonstrate the therapeutic mediation between trauma recovery and social cohesion. This finding aligns with Staub's (2011) framework of moral repair, which postulates that emotional healing is a prerequisite for rebuilding trust and collective resilience. As participants regained emotional balance, they became more proactive in their community life, organising dialogues, supporting neighbours, and joining savings groups. These were social dividends of psychological healing.

A community facilitator in Jomba sector, Nyabihu District, shared a story that illustrated this important shift: "*If I were to share Joseph's story: before joining the group, he was considered an absolute nightmare in the entire village. He was both a heavy drinker and a drug abuser, which often led to conflict and violence. Everyone feared him, and no one wanted to cross his path. But today, if there is a success story in this community, it is Joseph. He has transformed to the point of being selected as an opinion leader in his village. He no longer drinks or uses drugs, has joined a savings group, and now runs an income-generating activity.*

I can also mention some of the young women who joined the group feeling as though their lives were over, such as those who had given birth at home or the one whose in-laws did not love her, forcing her to leave. Their self-esteem was extremely low, which affected not only their mental health but also their livelihoods and relationships. After graduating from the programme, some decided to use the small transport allowance they received to start businesses. One learned how to braid hair; another returned to carpentry and even opened a shop that now employs other vulnerable young mothers."

Enhanced sense of security

A defining dimension of psychosocial recovery was the enhanced sense of security that participants experienced, both in themselves and in their communities. Many reported that they felt safer walking through their neighbourhoods, visiting public spaces, and interacting with people across historical divides. Quantitatively, perceived personal safety improved by over 35%, while trust in local institutions (leaders, police and reconciliation committees) rose from 49% to 72% between the baseline and endline measurements.

A Genocide survivor from Musanze commented: *"For years, I feared even greeting certain neighbours. Now, I no longer feel watched or threatened. I can visit anyone."* In parallel, a former prisoner from Nyabihu stated: *"I used to walk fast, head down, thinking everyone judged me. Today, I walk freely and join public gatherings. I feel accepted."*

Community facilitators and local authorities corroborated these accounts. One facilitator observed: *"People who once feared being attacked or excluded are now organising community events together, weddings, savings groups, and mutual support visits."* This newfound sense of security reflects both participants' psychological freedom from fear and their restored confidence in social structures.

Empirical studies in Rwanda affirm this linkage. Pham, Weinstein and Longman (2004) found that perceived safety and reconciliation are interdependent; as trauma symptoms decrease, trust in others and in institutions increases. Within the SHP framework, sociotherapy acted as both a psychological protection mechanism and a social stabilisation process, reaffirming that inner peace and external safety reinforce each other.

Across the five dimensions (shared identity, reconciliation, inclusion, family functionality, and mental wellbeing), the interventions demonstrated a comprehensive model of relational and societal healing. Quantitative data validated significant improvements in trust, social cohesion, forgiveness, and resilience, while qualitative testimonies revealed lived transformations: survivors and perpetrators farming together, families once in conflict becoming cooperative leaders, and communities once divided rediscovering shared purpose.

5.4. Healing behind walls: correctional psychosocial rehabilitation and reintegration readiness

Following the 1994 Genocide against the Tutsi, Rwanda's correctional institutions became pivotal spaces for rehabilitation and reconciliation. Many incarcerated persons carried deep trauma, moral injury, and social alienation stemming from both the atrocities and their consequences. The correctional facility (CF) component of SHP aimed to complement the rehabilitative approach of the Rwanda Correctional Service by strengthening psychosocial wellbeing, fostering moral reflection, rebuilding family connections, and preparing inmates for reintegration by providing psychosocial and vocational support.

This section summarises the findings of the 2025 endline survey, drawing on the qualitative testimonies of inmates, facilitators, and prison staff. The results are presented in five domains: mental health outcomes; family reconnection; adaptability and community trust; personal accountability and forgiveness; and restored purpose through skills development. Quantitative findings are interpreted alongside lived experiences and supported by relevant literature on trauma recovery, restorative justice, and resilience.

5.4.1. From emotional burden to psychological relief: impact on mental health outcomes

Before the interventions, inmates commonly reported feelings of chronic anger, guilt, anxiety, and hopelessness. The results of the endline survey show a 36% reduction in self-reported stress and anger and an increase in psychological wellbeing from 77% to 79.4%, confirming meaningful improvement in mental health and emotional stability.

Mental wellbeing per item	Mean Pre-interventions screening 2023 (max5)/ (N=244)	Mean Endline 2025 (max5)/ (N=231)	% Baseline	% Endline
1. I've been feeling optimistic about the future	3.72	3.94	74.4%	78.7%
2. I've been feeling useful	4.00	4.07	79.9%	81.5%
3. I've been feeling relaxed	3.88	4.10	77.6%	82.0%
4. I've been feeling interested in other people.	4.19	4.35	83.8%	87.1%
5. I've had energy to spare.	3.98	3.91	79.6%	78.2%
6. I've been dealing with problems well.	3.61	3.70	72.2%	73.9%
7. I've been thinking clearly.	3.84	4.02	76.9%	80.4%
8. I've been feeling good about myself.	3.48	3.58	69.7%	71.5%
9. I've been feeling close to other people.	4.10	4.22	82.0%	84.4%
10. I've been feeling confident.	3.69	3.71	73.8%	74.3%
11. I've been able to make up my own mind about things.	3.89	4.04	77.8%	80.8%
12. I've been feeling loved.	3.86	3.90	77.2%	78.1%
13. I've been interested in new things.	3.91	4.11	78.3%	82.2%
14. I've been feeling cheerful.	3.80	3.94	75.9%	78.8%
Mean	**3.85**	**3.97**	77.1%	79.4%

The qualitative data reinforce these outcomes. Many participants described the healing dialogues as a turning point in their emotional recovery: *"When I arrived in prison, that's when I began to truly think about everything I had done. I used to have terrible nightmares where I saw my victims coming back to torture me. Eventually, I stopped sleeping altogether and withdrew from everyone around me. I felt I didn't belong among people anymore. When sociotherapy started, I doubted it could help, but I decided to join the group anyway. Week after week, as we talked and reflected, I began to confront and accept my past actions. The session on security impacted me the most. It made me realise I needed to ask forgiveness from the families of my victims. Through sociotherapy, I started to feel human again, after years of feeling like my heart was gone."* (Male participant, Musanze CF.)

"I was imprisoned for my alleged role in the Genocide and sentenced to 19 years. I left behind my deaf and mute husband and our four small children, including a baby. The pain of separation was unbearable. I felt so hopeless that, while pregnant, I even thought about ending my life. No one from my family came to visit, and I knew my husband couldn't take care of the children. Out of desperation, I began smuggling and selling drugs inside the prison just to survive and support my family. But that only brought me more problems; I was always in trouble, and my child suffered because of my mistakes. When my eldest son passed away, I felt completely broken and lost all my will to live. When the sociotherapy groups started in Ngoma prison, I joined out of curiosity. Listening to others share their stories, I realised I wasn't alone. Their words reflected my own pain. Little by little, I started to open up and trust again. The sessions gave me confidence and strength. I stopped isolating myself, began to connect with others, and slowly found peace with my grief." (A female inmate from Ngoma CF.)

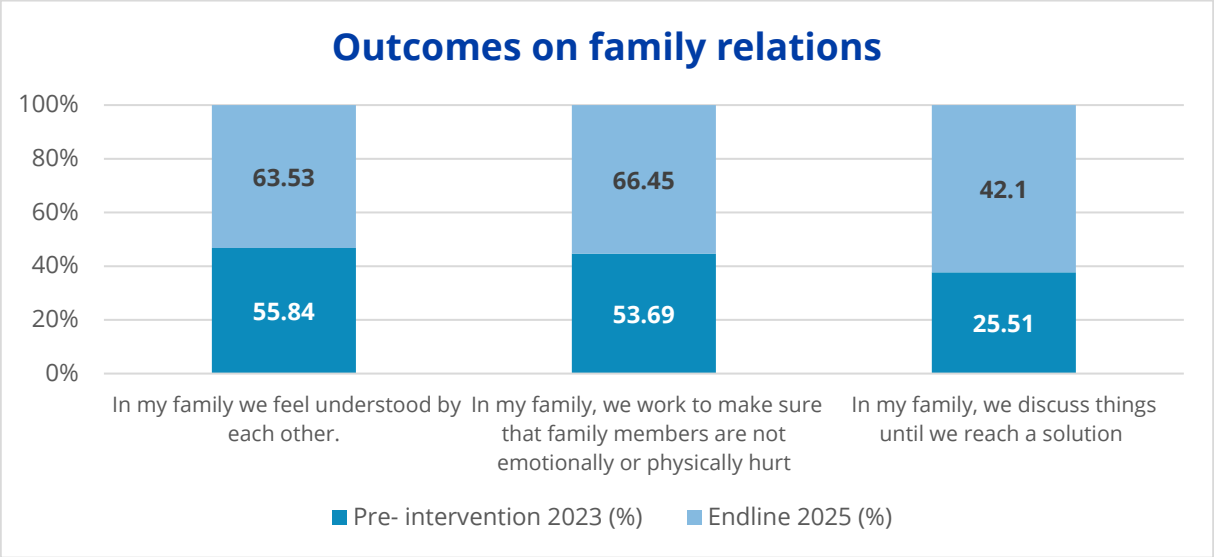
These experiences align with research by Herman (1997), who emphasised that trauma recovery begins with safety and acknowledgment. For many people, expressing guilt and sorrow in a trusted group became a therapeutic release. A female participant remarked: *"I was always afraid that people would judge*

me for my crime. But when I opened up, I saw compassion in others' eyes. That helped me forgive myself." (A female inmate from Nyamagabe CF.)

Participants also highlighted physical benefits linked to reduced stress, such as better sleep and fewer headaches. These responses are consistent with psychosomatic improvements that have been reported in similar post-conflict contexts (Staub 2011).

5.4.2. Rebuilding bonds of trust and affection: impact on family reconnection

Family relationships was a second area of change. Before the programme began, most inmates described broken ties with spouses and children, often stemming from guilt, stigma, or rejection. The quantitative data showed that regular family contact increased in the course of the programme from 38% to 69%, and the family support index rose by 41%.



Through dialogue and reflection, participants learned to take responsibility for past harm and to communicate again with relatives. A male participant in Huye correction facility reported: *"For ten years my wife never visited. After the healing sessions, I wrote her a letter asking forgiveness. She came the next week. We cried and started again."*

"My children had stopped calling me father. I wrote to them after we discussed forgiveness in the group. Now they call every month." (A participant in Musanze CF.)

"*Before coming to prison, I was in constant conflict with my husband over property. One of our tenants refused to pay rent, and I later discovered she was having an affair with my husband and I decided to evict her without notifying my husband. The woman, who was Tutsi, accused me of Genocide ideology, claiming I had evicted her because of her ethnicity. I was arrested and sentenced and that made me feel deeply betrayed by my husband. Before joining sociotherapy, I was angry, depressed, and couldn't find peace. When I joined sociotherapy, the discussions helped calm my heart. I realised I didn't hold hatred toward the woman; it was my husband I couldn't forgive. But as we learned about forgiveness and reconciliation, I began to reflect deeply. Gradually, I found peace within myself and decided to forgive him. I now look forward to living differently when I return home."* (A female inmate from Nyamagabe CF.)

"When I was arrested, my parents were ashamed. I understood their pain through the sessions. I called them and asked forgiveness. Now they send me clothes and come to see me." (A juvenile female inmate from Nyagatare CF.)

Facilitators noted that inmates who re-established family connections became calmer and more cooperative with their peers. One observed: *"Those who talked to their families again changed completely, they gained hope and discipline."*

5.4.3. Perceptions of adaptability and community trust

The findings of the endline assessment show that inmates' perceptions of social harmony and community reintegration shifted positively after they participated in psychosocial rehabilitation programmes such as *Mvura Nkuvure* and correctional facility-based sociotherapy. The quantitative data showed improvements across nearly all indicators of social belonging, trust, and forgiveness, underscoring the programme's effectiveness in restoring relational confidence among inmates.

At the baseline survey, feelings of belonging and social trust were moderate. 86.3% of inmates reported a sense of belonging and 87.2% indicated that they could ask for help from community members. By the endline survey, these figures had risen to 90.9% and 89.7% respectively, suggesting that facilitated group dialogues and restorative justice sessions were effective in rebuilding trust and communication channels between inmates and their surrounding communities.

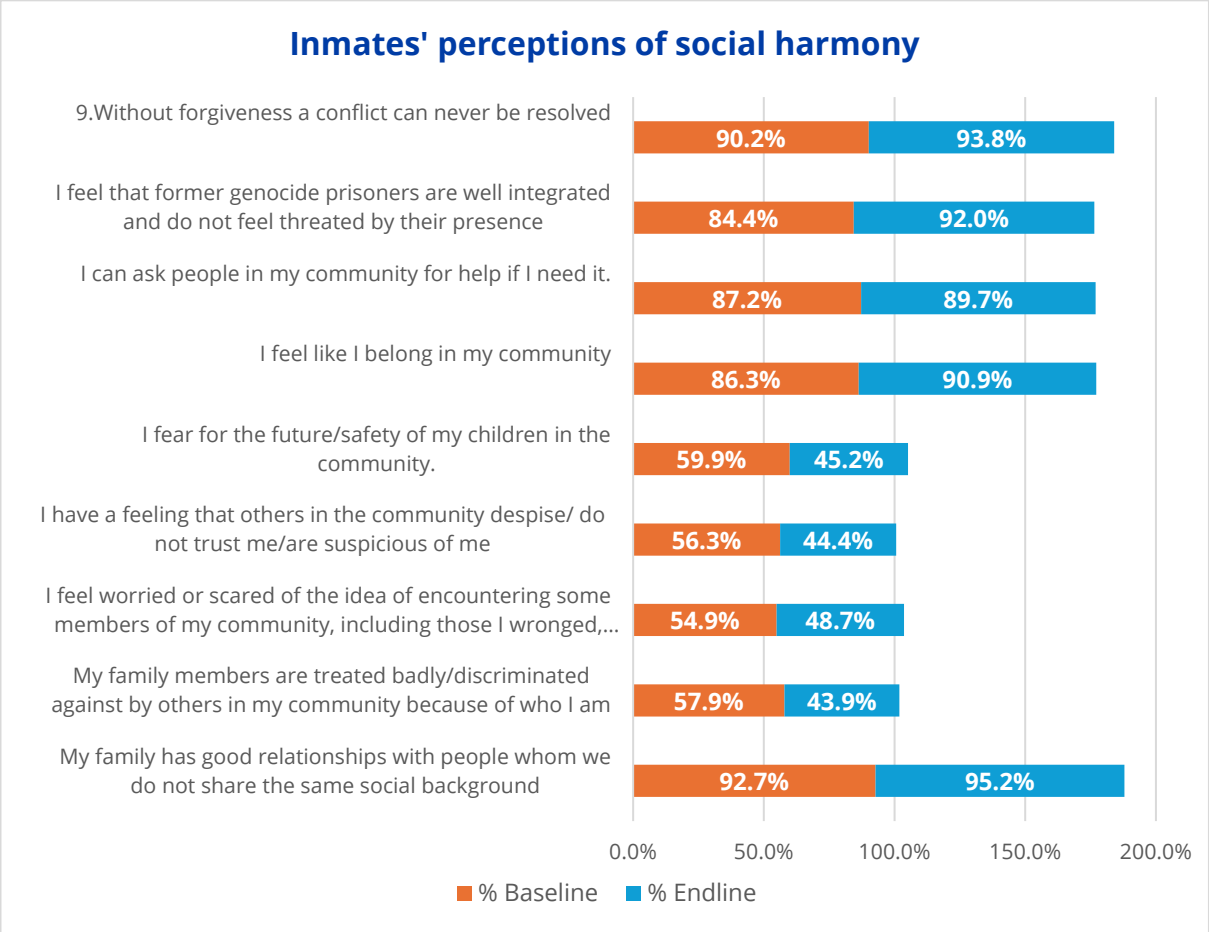
Perceptions of acceptance among former Genocide prisoners also increased substantially, from 84.4% to 92%, indicating that inmates felt more confident that their families and communities would receive them with dignity on their release. Similarly, the proportion of inmates who believed that "without forgiveness, a conflict can never be resolved" rose from 90.2% to 93.8%, suggesting that inmates had internalised the idea that forgiveness is the foundation of reconciliation and coexistence, a central principle of restorative healing interventions.

The data also highlighted a significant reduction in fear and perceptions of stigma. The proportion of inmates who expressed fear for their children's safety in the community fell from 59.9% to 45.2%, while the proportion of inmates who felt despised or mistrusted dropped from 56.3% to 44.4%. The proportion of inmates who were worried about encountering community members they had wronged fell similarly, from 54.9% to 48.7%, and the number reporting discrimination against their families declined from 57.9% to 43.9%. These reductions illustrate the psychosocial gains of the intervention, which diminished anxiety and social isolation and promoted openness as well as confidence in post-release reintegration.

Finally, positive trends also emerged in family and cross-group relations. The proportion of inmates who agreed that their families maintained good relationships with people of different social backgrounds increased from 92.7% to 95.2%, signalling that the ripple effect of healing was extending beyond individuals to households and the community.

Overall, these findings suggest that healing dialogues, restorative justice principles, and family reintegration sessions combined to reshape inmates' attitudes towards coexistence with others. Fear and stigma declined, communal trust and belief in forgiveness strengthened. These outcomes demonstrate that social harmony can indeed be rebuilt when psychosocial recovery is anchored in empathy, dialogue, and inclusive community engagement. As one inmate from Musanze reflected: *"Before, I feared facing the people I had wronged, but through the discussions, I learned that forgiveness is possible. I now believe I can live peacefully among them again."*

The qualitative evidence mirrored quantitative findings, confirming that healing begins with restored human connection, a process that not only transforms individuals but contributes to broader societal reconciliation in post-Genocide Rwanda.



Participants said that they had learned to communicate respectfully, resolve conflicts, and rebuild confidence in relationships. *"I used to think everyone hated me. Through the group, I learned that each of us has pain. We began to listen instead of blame."*

5.4.4. Personal accountability, forgiveness, and reconciliation

In post-Genocide Rwanda, healing the moral and emotional fractures left by violence requires more than punishment. It demands genuine accountability, forgiveness, and restoration of dignity. The healing sessions for inmates, and related psychosocial rehabilitation interventions, were designed to address these deeper wounds by helping inmates confront guilt, accept responsibility for harm, and restore moral connection with both victims and themselves. In this restorative framework, healing is not achieved by denial or avoidance but by finding the courage to face one's past and transform it into a foundation for renewed social belonging.

The quantitative findings of the endline survey confirm this transformation. Acknowledgment of personal responsibility rose from 54% at the baseline survey to 88% at the endline survey, while self-forgiveness improved by 31%. These changes indicate that inmates moved significantly away from self-condemnation and denial towards reflective accountability. Participants consistently described the sociotherapy group process as a safe space for moral reflection, where discussions on guilt, empathy, and reconciliation helped them rediscover their humanity and sense of purpose.

One juvenile participant in Nyagatare CF shared his personal transformation: *"I grew up with good opportunities. I went to school and had every chance to succeed, but I threw it all away. I started using drugs and joined a gang of thieves. We robbed people of their phones, money, and bags, and spent everything on drugs. One night, we attacked someone, and he died, that's the crime that brought me here. When I first arrived at the correctional centre, I hated myself. I felt lost and hopeless. But when I joined* Mvura Nkuvure *(sociotherapy), things began to change. Sharing my story with others and listening to theirs helped me see my life differently. I wrote a letter of apology to my parents, and I've now gone back to school with support from Compassion. I also want to ask forgiveness from the family I hurt, so that I can truly be at peace.* Mvura Nkuvure *gave me a second chance; it helped me see that I can still rebuild my life."*

For many, forgiveness became a two-way process: they sought forgiveness from those they had harmed, while learning to forgive themselves. This process not only restored internal peace but also repaired fractured family and community relationships. As one woman whose husband had been imprisoned for genocide said at a focus group discussion: *"My husband told me about his sessions. For the first time, he spoke with humility. I forgave him in my heart."*

Such experiences align with Braithwaite's (2005) theory of reintegrative shaming, which suggests that acknowledging wrongdoing and expressing remorse enable moral reintegration into society. Through

guided dialogue and restorative reflection, the programme cultivated empathy, responsibility, and ethical growth, values that underpin sustainable reconciliation and long-term avoidance of crime. The story of the juvenile inmate at Nyagatare reflects a broader psychosocial shift. The programme observed numerous participants transform their guilt into accountability, their shame into self-awareness, and punishment into moral repair. By rehumanising offenders and equipping them with emotional and ethical tools for reintegration, its interventions fostered personal healing and strengthened the broader social fabric necessary for reconciliation in Rwanda.

5.4.5. Restoring purpose through skills and dignity

In Rwanda, as in many post-conflict societies, poverty, unemployment and lack of education can drive individuals, particularly youth, into crime, substance abuse, or other forms of social deviance. Studies by the Rwanda Correctional Service and Interpeace (ILPD 2022) highlighted that more than half of incarcerated individuals come from economically vulnerable households and that poor access to employable skills contributes to cycles of offending and reoffending. Against this backdrop, the Technical and Vocational Education and Training (TVET) programme in correctional facilities was designed not merely to enable inmates to acquire skills, but to provide a pathway to reintegration, dignity, and moral recovery.

The programme equipped inmates with market-relevant trades while providing ongoing psychosocial support. By promoting inmates' self-reliance and restoring their hope for lawful, productive livelihoods, TVET directly addressed two central causes of recidivism: economic vulnerability and loss of purpose.

A. Quantitative results: TVET as a catalyst for change

Participants in the TVET programme dramatically improved their technical competence and self-confidence in all training areas. Their level of knowledge, initially below 31%, rose to between 76.5% and 90.5% after the programme, a remarkable rise in learning and motivation.

Field of Training	N	Mean Before (/4)	% Before	Mean After (/4)	% After
Hairdressing	24	1.23	30.75%	3.06	76.50%
Handcrafts	15	1.11	27.75%	3.31	82.75%
Tailoring	21	1.21	30.25%	3.62	90.50%
Welding	6	1.19	29.75%	3.16	79.00%
Average	66	**1.18**	**29.50%**	**3.29**	82.25%

The statistics revealed a sharp increase in both technical knowledge and self-esteem. Tailoring recorded the highest overall growth (90.5%), followed closely by handcrafts (82.75%), while all other trades showed similarly positive trajectories. These outcomes reveal that, in addition to skills acquisition, a deeper process of psychosocial reintegration was occurring, in the course of which individuals began to perceive themselves not as offenders but learners, workers, and contributors to society.

B. Learning as healing: transformative narratives

Participants' testimonies vividly describe how TVET training became a bridge between psychological healing and reintegration. Many spoke of moving from isolation and self-blame to confidence and social belonging. One graduate said: *"I have completed the welding course. I was never someone who liked school; I dropped out early and lived on the streets. Through the healing spaces, I began to recover, and when I joined the TVET course, I learned not only to work with metal but also to live with others. Before, I was selfish and withdrawn. Now, I can cooperate and plan to open my own workshop after my release."*

"I was sentenced to 15 years, and the first years were unbearable. When I joined the hairdressing course, it changed everything. My headaches and sadness disappeared because I was doing something meaningful. I learned braiding and doing nails, and I even earn small income from other inmates. I was imprisoned for selling drugs because of poverty, but now I have a real skill. I'll never go back to that life." (A female hairdressing trainee.)

"The welding skills I gained have helped me spend my time productively. Now I can make windows, doors, and fix things for others. These skills have built my social life and connected me to people outside. I plan to use this work for the rest of my life." (Janvier, a welding trainee.)

"I completed the tailoring course. I learned discipline, teamwork, and hard work. What we gained here can't be destroyed, it's in our minds. This knowledge will help me rebuild my life and even support others in my community." (A male tailoring trainee.)

These personal accounts underline the rehabilitative power of teaching skills in correctional settings: TVET provided technical proficiency but also nurtured emotional resilience, social skills, and hope, key elements of non-recidivism.

C. From dependency to self-reliance: the broader impact

In their personal testimonies, inmates consistently reported that acquiring vocational skills had helped them to redefine their identities and restore their self-worth. They described learning as a moral turning point that replaced idleness and despair by focus, discipline, and productivity.

Hairdressing emerged as both a creative and therapeutic outlet, which empowered women to regain their confidence and earn income through small in-prison services. Tailoring and handcrafts helped participants to cultivate patience and problem-solving skills, psychological attributes linked to emotional stability. Welding and carpentry taught teamwork, persistence, and a sense of tangible achievement, crucial for success in labour markets.

"Before the training, I felt useless, I had no direction or idea of what life would look like after prison. Learning tailoring gave me hope. Now I have a skill I can depend on, and I dream of opening a small workshop when I'm released." (Female participant, Ngoma CF.)

"I used to believe that once you've been in prison, society will never accept you again. But through carpentry training, I realised that work speaks louder than your past. Now I see a future where I can earn respect and rebuild my life through what I've learned." (A male participant in Musanze CF.)

Facilitators observed similar changes in attitudes and behaviour. A facilitator from Nyamagabe CF noted: *"When inmates start using their skills, their confidence grows. They talk about plans, not problems."*

D. Skills as a foundation for non-recidivism and reintegration

These experiences align with Maruna's theory of desistance (2001), which emphasises that sustainable change among offenders is rooted in identity transformation and the ability to see oneself as a capable, contributing member of society rather than a criminal. Similarly, Liebling (2011) highlighted that, to achieve moral rehabilitation, prisons must encourage prisoners to find meaning and belief in their capacities.

Inmates who completed TVET courses reported that they felt less hopeless and blamed themselves less severely. The ability to produce and repair tangible goods renewed their sense of dignity and turned correctional spaces into environments of moral learning and psychosocial recovery. As one male trainee in the Musanze correctional facility reflected: *"The skills training made me feel human again. It gave me something positive to focus on. I no longer think about returning to my old life, now I think about how to provide for my family when I get out."* Another participant described the moral renewal that resulted from practical empowerment: *"Before, it felt as though my life had ended. The training in welding changed that. It gave me confidence that I can earn an honest living. Now I look forward to going home and teaching others what I've learned."*

From incarceration to community transformation: Jeanne d'Arc's story

When Jeanne d'Arc was sentenced to seven years in prison, she felt as though her world had ended. *"When I was incarcerated, I felt like I couldn't trust anybody and like my life was over,"* she recalled. With newborn twins and a young daughter, her despair was overwhelming. *"I could not sleep while I was in the correctional facility. I was like a zombie for the first two years. I only ate maize and did not want to eat anything else."*

Yet her story did not end there.

Born in Kamembe, Rusizi, Jeanne had completed her university studies, worked as a primary school teacher, and supported herself and her daughter after a difficult divorce. But when a desperate attempt to secure a home for her children led to her arrest, she entered the correctional system with little hope for the future.

Her background as a teacher quickly positioned her as a leader inside the correctional facility. She began teaching others English and Swahili, coordinating education programmes, and representing the education department. When she enrolled in a TVET programme in hairdressing, she saw a challenge: the curriculum was in English, a barrier for many inmates. She took it upon herself to translate the materials into Kinyarwanda, becoming both student and teacher. Ultimately, she earned her TVET Board certification, a milestone that became the foundation for her life after prison.

Upon her release, Jeanne used her new skills to open a hair salon in her community. *"I started the business here because there are no similar opportunities around,"* she explained. Her salon provides braiding, washing, styling, nails, makeup, and haircuts; but it is more than a business. Jeanne currently employs three staff members and is training ten students, preparing them for Rwanda TVET Board certification using the nationally approved curriculum. *"I chose to target youth because they are the powerhouse of the country. Equipping them with skills prepares them for employment and allows them to generate income, support their families, and contribute to building the country."*

Her teaching extends far beyond technical training. She integrates life skills into her curriculum, including English to communicate with foreign clients, sexual and reproductive health education (SRHR) to prevent unplanned pregnancies and STDs, socio-emotional skills to manage client relations, and entrepreneurship to build sustainable livelihoods. *"If a student has all the theoretical knowledge and skills but cannot control their own emotions and moods, or manage those of a client, the theory is useless."*

Today, Jeanne balances running her salon and teaching with her role as a full-time primary school teacher. She is living proof that successful reintegration is possible when individuals are equipped with both skills and support. Her advice to those still incarcerated is clear: *"Your life is not over, and you still have a future. Just like Nelson Mandela served over 20 years and still became President of his country."*

Jeanne d'Arc's journey demonstrates that reintegration programmes create pathways for individual resilience but also for community development. From despair in prison to becoming an employer, mentor, and teacher, she has turned adversity into opportunity for herself and for the young adults she is training. Her story is evidence that investment in rehabilitation and reintegration can empower individuals to rebuild their lives and multiply their impact across families and communities.

5.5. Collaborative livelihoods for economic and social resilience

The Collaborative Livelihoods (Co-LIVE) component of SHP was conceived as a way to address Rwanda's complex post-Genocide environment. Because the 1994 Genocide against the Tutsi not only left profound psychological wounds but also tore the social fabric that underpins collective life, rebuilding trust and restoring cooperative relationships became preconditions for sustainable peace and inclusive development. When individuals and communities are deeply wounded, mistrust and fear often inhibit collaboration, reducing people's capacity to engage in joint economic and social initiatives. This dynamic is especially acute in Rwanda, where the Genocide was a genocide of proximity: because neighbours turned against neighbours, survivors and perpetrators must today coexist and rebuild side by side. As numerous scholars of peacebuilding and development have found (for example, Lederach 1997; Colletta and Cullen 2000),[23] peace and development are mutually reinforcing in societies recovering from mass violence: material reconstruction cannot succeed without psychosocial healing and, conversely, healing is grounded in shared economic progress.

Co-LIVE operated in this space. It integrated psychosocial healing with inclusive economic participation to foster both social cohesion and self-reliance. The initiative recognised that economic insecurity and social exclusion are not only consequences but also potential drivers of renewed conflict. By enabling survivors, ex-prisoners, returnees, and youth to rebuild livelihoods collectively, Co-LIVE turned restored trust into productive cooperation. In so doing, it provided 'peace through productivity', where working together becomes both a symbol and mechanism of reconciliation. Findings from the 2025 endline survey and qualitative evaluations confirm that economic reintegration was both a result of and reinforced healing.

23 Lederach, John Paul. *Building Peace: Sustainable Reconciliation in Divided Societies.* Washington, D.C.: United States Institute of Peace Press, 1997; Colletta, Nat. J., and Michelle L. Cullen. *The Nexus Between Violent Conflict, Social Capital and Social Cohesion: Case Studies from Cambodia and Rwanda.* Washington, D.C.: World Bank, 2000.

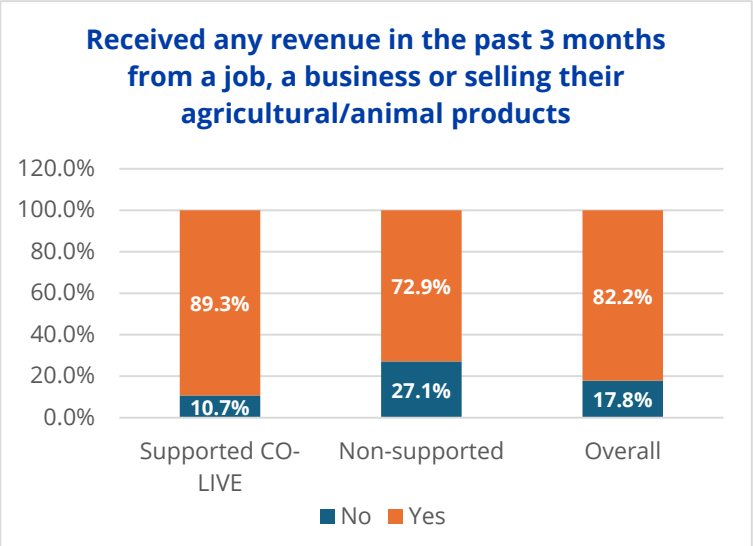
5.5.1. Overview of collaborative livelihoods in context

Co-LIVE emerged as the socio-economic pillar of SHP. It translated the psychological recovery fostered by sociotherapy and family healing groups into collective economic resilience. Rooted in Rwanda's National Employment and Cooperative Strategies, it operationalised the principle that 'healing without livelihood remains incomplete'.

The initiative linked psychosocial stability to sustainable income generation through cooperatives, savings groups, and micro-enterprises. By the endline survey, 89% of Co-LIVE participants were engaged in some form of livelihood activity (agriculture, small business, or vocational trade), and nearly all reported that their confidence and sense of purpose had improved and that they were more integrated in their communities. "*Before joining Co-LIVE, I stayed home doing nothing. Now, I work with my group on our farm every day. Even when we don't earn much, I feel proud to contribute.*" (Male participant, Nyamagabe District.)

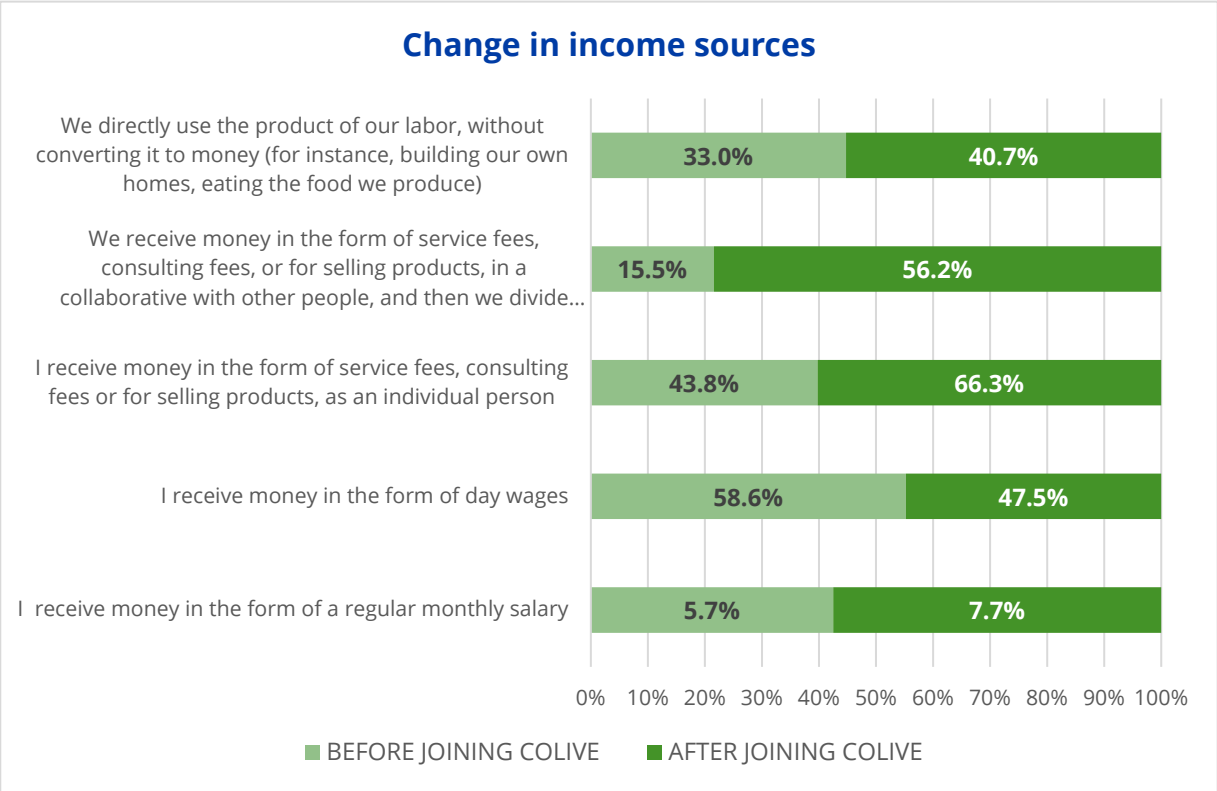
5.5.2. From dependence to self-reliance: economic participation and income sources

As illustrated in the chart below, at the time of the baseline survey most households relied on subsistence farming and irregular informal labour.



By the endline survey, the proportion of participants with stable sources of income had risen from 17.8% to 82.2%. It was higher among participants who had joined CO-LIVE groups (89.3% compared to 72.9%). Self-employment in small trades or agriculture became the dominant livelihood pattern. Women, in particular, benefited from this change: female participation in paid work nearly doubled, reducing their economic dependency.

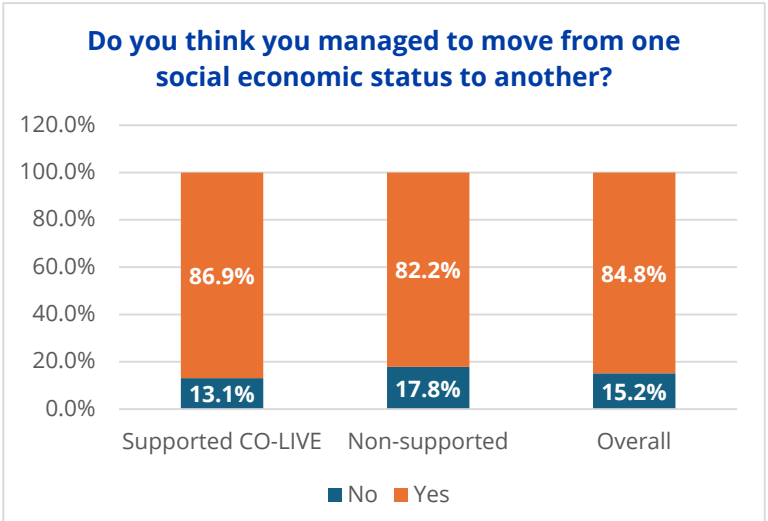
Income streams also diversified. The proportion of Co-LIVE participants who consumed the product of their labour rose from 33% to 40.7%; the proportion involved in cooperative businesses rose from 15.5% to 56.2%; and the proportion who ran individual businesses or received fees for services rose from 43.8% to 66.3%, etc. These figures indicate that Co-LIVE broadened local economic opportunities.



When asked whether they felt they had moved from one socioeconomic status to another, 84.8% of all respondents affirmed that they had experienced upward mobility.

This perception was slightly higher (86.9%) among those who participated in activities supported by Co-LIVE than among those who did not (82.2%). Though modest, the gap suggests that integrated psychosocial and livelihood support catalyses social and economic transformation more effectively.

For many participants, access to livelihoods restored dignity they had lost through poverty and exclusion. Facilitators noted that economic participation reduced domestic tensions and improved family dynamics, confirming that psychosocial and financial recovery reinforce each other.



5.5.3. From healing to cooperation: group-based livelihood initiatives

A defining feature of Co-LIVE was its cooperative approach. By the endline survey, nine in ten participants were active members of cooperatives or savings groups. These groups emerged directly from healing circles, and transformed social trust into collective productive activities, which included farming and livestock rearing, handicrafts, tailoring, and village savings schemes.

The programme supported 40 groups across all the sectors in which it operated. By September 2025, 23 groups had successfully completed the legal registration process, significantly strengthening their institutional and operational capacity. The remaining groups were still completing their documentation and meeting the requirements for formal registration. Ten groups had secured insurance for their businesses.

"*We started meeting to talk about our trauma, but later we began saving together. Today we own goats and a small plot for maize. Working as one family healed us more than words alone.*" (Cooperative member, Nyamagabe District.)

Co-LIVE's cooperative model fostered accountability and empathy. Members routinely said that sharing responsibility had helped them overcome fear and mistrust, especially between families once divided by Genocide legacies. This finding underscores that economic collaboration can be a pathway to reconciliation. In many instances, earning together replaced historical divisions by mutual dependence and solidarity.

5.5.4. Asset and capital improvement

The material impact of Co-LIVE was visible in asset accumulation and financial security. The data revealed that, after participating in Co-LIVE interventions, participants clearly improved their living conditions and added to their productive assets. Housing quality also improved markedly; the proportion of participants living in cement houses nearly doubled (from 19.9% to 37.7%), while the proportion of participants living in mud houses or without shelter declined substantially. Shelter ownership also increased; house ownership rose from 80.5% to 84.8%.

Access to communication assets, a critical indicator of socioeconomic progress, also rose significantly. The proportion of participants who owned telephones climbed from 68.7% to 87.5%, and radio ownership rose from 38.4% to 51.2%. These figures show that participants improved both their purchasing power and their access to information and social connectivity.

In terms of land ownership, participants reported positive gains. The proportion who owned land rose from 53.9% to 58.6%, while the share of households that owned larger plots (over 1 hectare) grew from 6.7% to 9.1%, indicating modest but tangible progress toward asset accumulation and agricultural potential.

Status of livelihoods assets/ capital		BEFORE JOINING Co-LIVE			AFTER JOINING Co-LIVE	
		Supported Co-LIVE	Non-supported	Overall	Supported Co-LIVE	Total
Status of shelter	No house	13.1%	17.1%	14.8%	6.0%	7.4%
	Mud house	25.6%	25.6%	25.6%	18.5%	21.2%
	Brick house	41.7%	37.2%	39.7%	32.7%	33.7%
	Cement house	19.6%	20.2%	19.9%	42.9%	37.7%

Status of livelihoods assets/ capital		BEFORE JOINING Co-LIVE			AFTER JOINING Co-LIVE	
		Supported Co-LIVE	Non-supported	Overall	Supported Co-LIVE	Total
Shelter ownership	I am sheltered	8.9%	14.7%	11.4%	5.4%	7.7%
	I am renting	7.7%	8.5%	8.1%	7.7%	7.1%
	I own a house	83.3%	76.7%	80.5%	86.9%	84.8%
	I live in employer-provided housing	0.0%	0.0%	0.0%	0.0%	.3%
Possession of communication apparels	Radio	39.9%	36.4%	38.4%	58.9%	51.2%
	Telephone	65.5%	72.9%	68.7%	89.9%	87.5%
	Television	7.1%	10.1%	8.4%	13.1%	12.5%
	None	25.6%	23.3%	24.6%	7.1%	8.8%
Ownership of land	No land	35.1%	38.8%	36.7%	25.6%	27.9%
	They lent me land	2.4%	1.6%	2.0%	2.4%	3.4%
	I rent land	6.5%	8.5%	7.4%	8.9%	10.1%
	I own land	56.0%	51.2%	53.9%	63.1%	58.6%
Area of owned land	No land	34.5%	40.3%	37.0%	24.4%	29.3%
	Rented land	7.1%	4.7%	6.1%	9.5%	8.4%
	Own less than one hectare of land	51.8%	48.1%	50.2%	55.4%	53.2%
	Own more than one hectare of land	6.5%	7.0%	6.7%	10.7%	9.1%

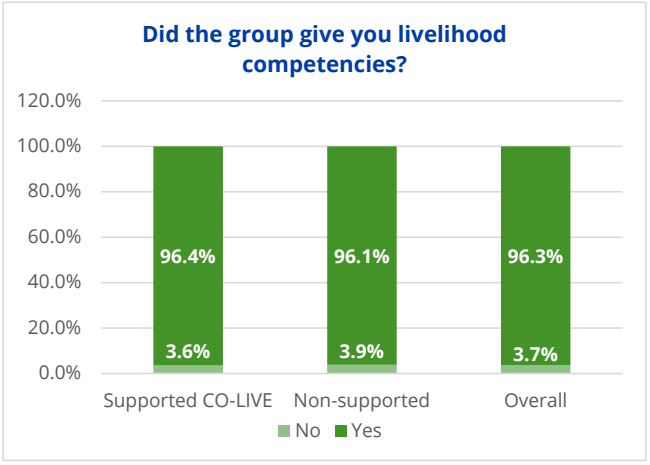
These outcomes were particularly pronounced in cooperatives that reinvested collective profits into shared assets such as livestock, sewing machines, or irrigation tools. "*When we bought our first cow as a group, it felt like proof that we were changing. Before, I couldn't imagine owning anything. Now I milk it every morning and remember that our effort made this possible.*" (Male participant, Ngoma District.)

The possession of tangible assets also contributed to social recognition: formerly marginalised or impoverished participants became active contributors to local economies, improving their standing in their communities and reducing their stigma.

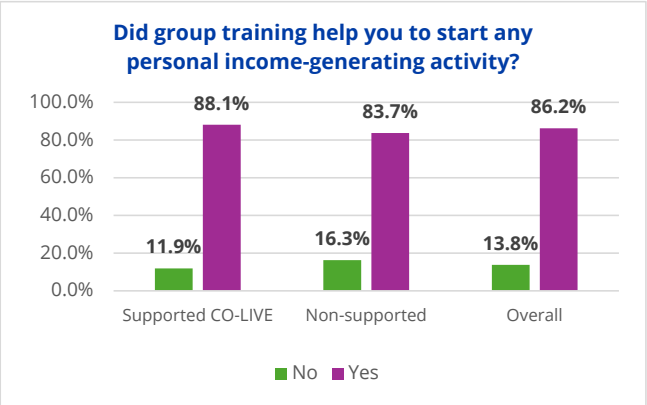
5.5.5. Skills and capacity development

Acquiring skills through the Co-LIVE initiative was an economic intervention but also a psychosocial catalyst for transformation.

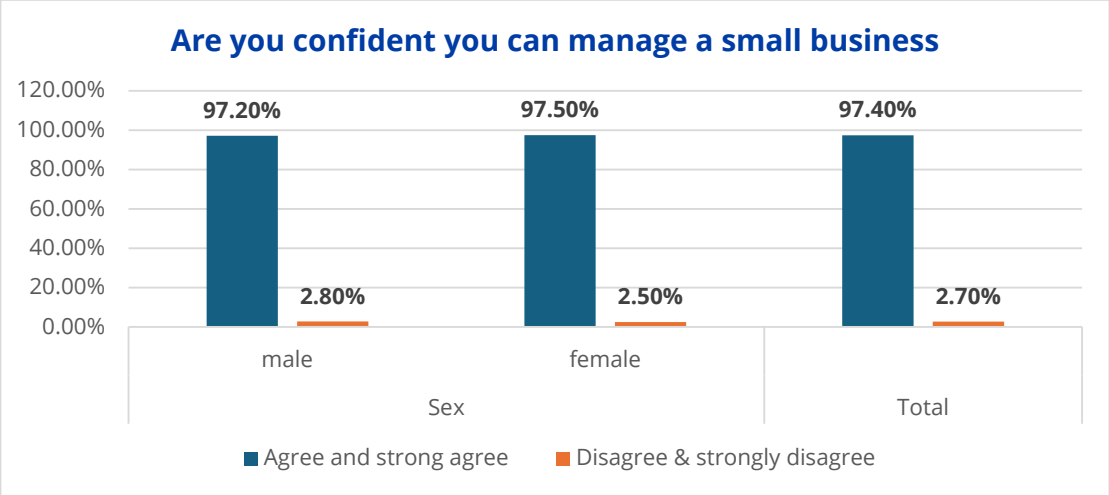
As shown in the chart, an overwhelming 96.3% of participants reported that they had gained livelihood-related competencies via their groups. This pattern was consistent in groups that were supported by Co-LIVE (96.4%) and groups that were not (96.1%), underscoring that the cooperative structure itself was a key learning platform.



86.2% of all participants reported that they had started a personal income-generating activity as a result of group training. This rate was higher among those who participated in Co-LIVE (88.1%) than among those who did not (83.7%). These results highlight the catalytic effect of integrated psychosocial and livelihood programming. They show that, when confidence and collaboration improve, participants are more likely to apply their new skills productively.

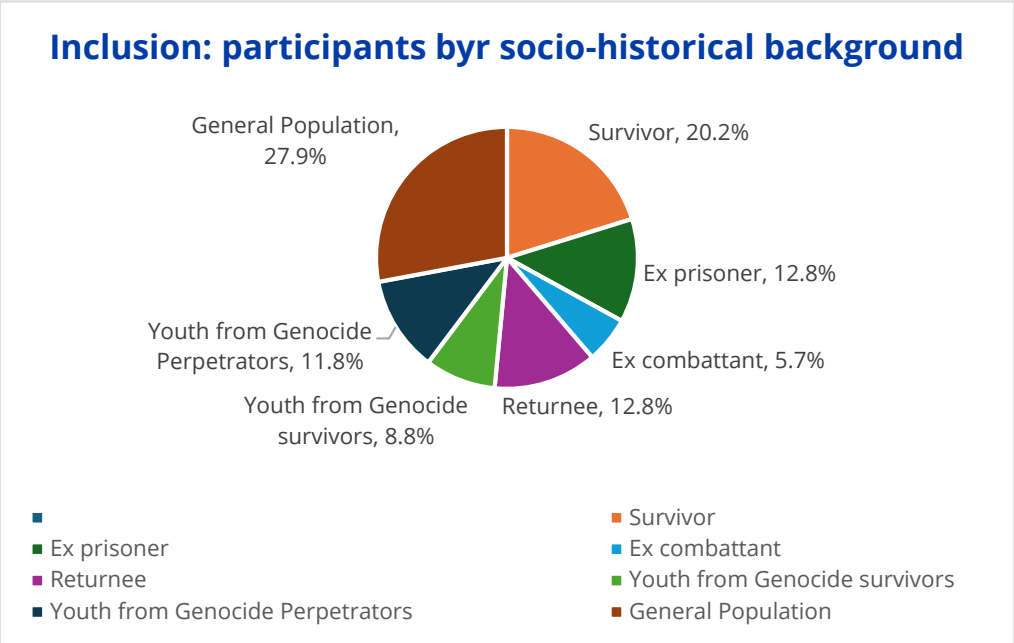


In addition, an extraordinary 97.4% of male and female participants expressed confidence in managing small businesses after training. The parity across gender (97.2% for men and 97.5% for women) reflects the programme's inclusive design, which ensured equitable access to skills and leadership opportunities. This confidence assists participants to achieve economic independence, and also strengthens their capacity to contribute to community development.

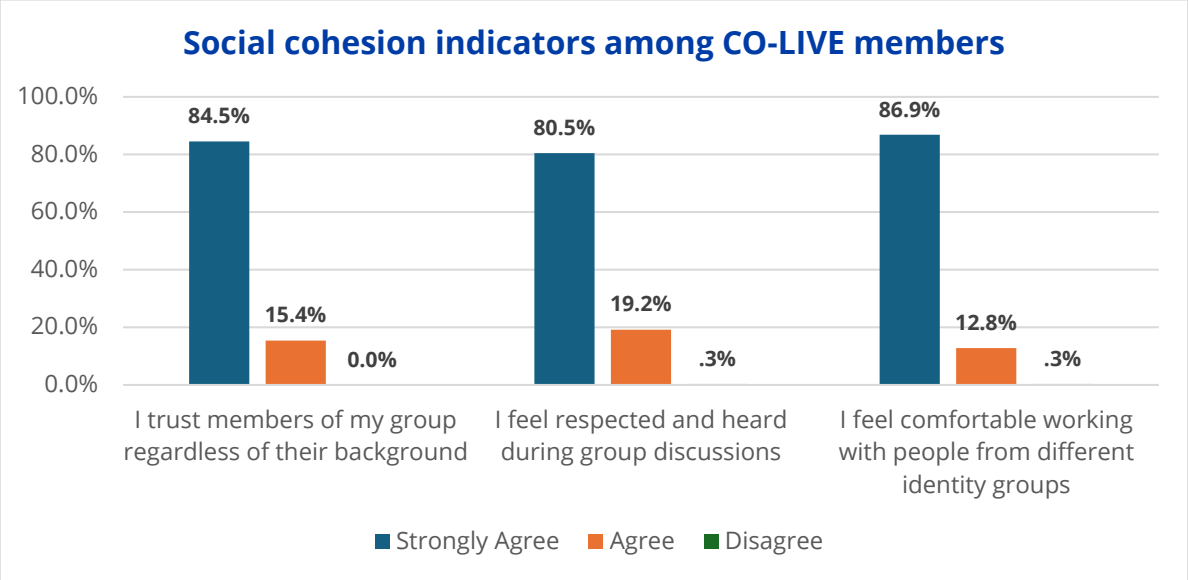


5.5.6. Inclusion and social collaboration

The Co-LIVE component was designed to promote inclusive collaboration across Rwanda's diverse socio-historical groups. In the aftermath of the 1994 Genocide against the Tutsi, Rwandan society suffered from deep psychological wounds of loss and trauma but also from damage to the social fabric that had once connected communities. Survivors, former perpetrators, returnees, and other affected groups were called to rebuild their lives together, yet decades of mistrust and fear often made cooperation difficult. Within this context, Co-LIVE employed livelihood collaboration as an entry point for reconciliation, linking peacebuilding with local economic development to help communities move from coexistence to genuine social cohesion.



The inclusion data demonstrate that the participants in Co-LIVE programmes were remarkably diverse. The graph above shows that the programme successfully involved individuals from all major socio-historical categories, including the general population (27.9%), Genocide survivors (20.2%), ex-prisoners and returnees (12.8% each), youth in Genocide perpetrators' families (11.8%), youth in survivors' families (8.8%), and ex-combatants (5.7%). This outcome reflects Co-LIVE's deliberate strategy to bring together people whose relationships were historically fractured by violence. By engaging both survivors and those from perpetrators' families, as well as younger generations, the programme helped bridge generational and identity-based divides that continue to challenge post-Genocide recovery. It thereby addressed one of Rwanda's central post-conflict dilemmas: how to rebuild trust in communities where those who suffered and those who caused suffering must live and work side by side.



84.5% of participants strongly agreed, and 15.4% agreed, that they trust members of their group regardless of background, indicating near-universal trust. Similarly, 80.5% of participants reported that they feel respected and heard during group discussions, and 86.9% stated that they felt comfortable working with

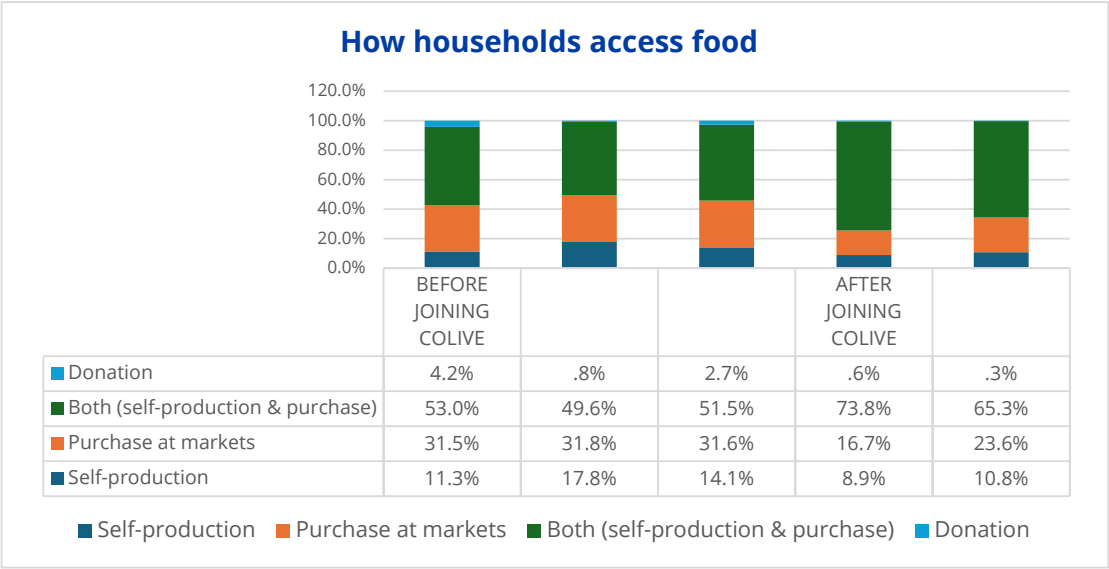
people from different identity groups. Together, these indicators confirm that joint livelihood activities created a conducive environment for rebuilding mutual respect and cooperation. Economic collaboration not only generated income but helped participants to relearn empathy and solidarity. As one participant observed: "*In our cooperative, we no longer see each other as victims or perpetrators. We see each other as partners. When you depend on one another for your income, you learn to trust again.*"

In addition to generating economic gains, the collaborative structure of Co-LIVE became a powerful vehicle for healing. Shared economic goals and daily cooperation created opportunities for dialogue, empathy, and forgiveness. Facilitators reported that group activities often evolved into informal healing spaces where participants shared experiences and began to perceive each other's humanity, irrespective of their past or identity. This aligns with Allport's theory of contact (1954), which holds that sustained cooperative engagement between diverse groups in conditions of equality fosters understanding and reduces prejudice. In this sense, Co-LIVE groups acted as 'microcosms of reconciliation', demonstrating that livelihood collaboration can help transform psychological wounds into social capital.

5.5.7 Collaborative livelihood effects on food security

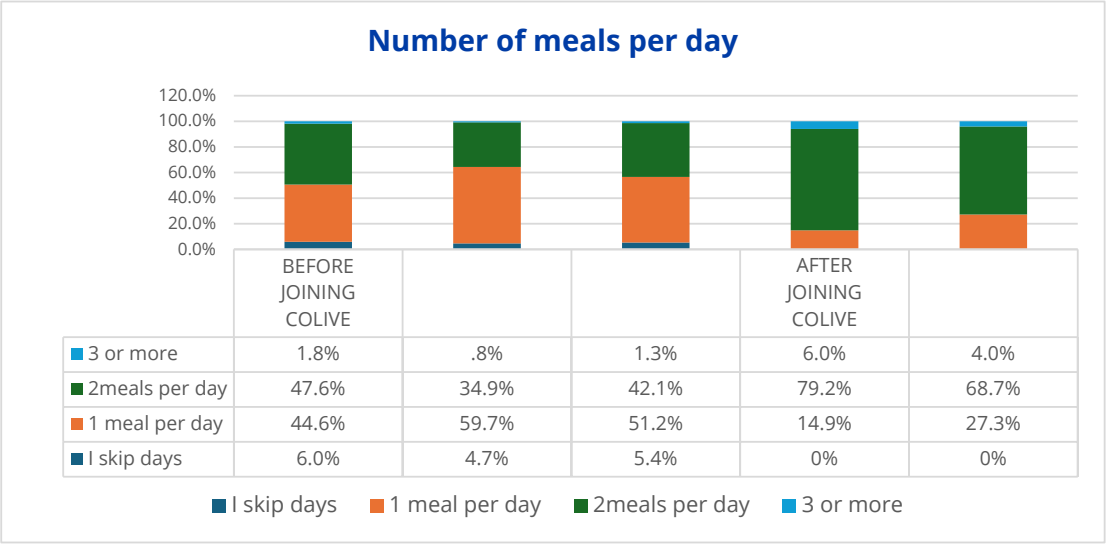
Food security is a critical dimension of social and economic resilience, particularly in post-conflict contexts where livelihoods have been disrupted and poverty is widespread.

The data showed that households accessed food more successfully after joining Co-LIVE groups. Before joining, 53% of households relied on self-production and purchase, whereas 31.5% depended solely on market purchases. After participating in Co-LIVE, the proportion of households that accessed food through both self-production and purchase rose to 73.8%, while reliance on donations fell from 4.2% to less than 1%. This shift indicates that households became more self-reliant and reduced their dependence on external aid. The growth of mixed sourcing suggests that Co-LIVE participants diversified their income and strengthened their resilience to market shocks.



	BEFORE JOINING COLIVE			AFTER JOINING COLIVE	
Donation	4.2%	.8%	2.7%	.6%	.3%
Both (self-production & purchase)	53.0%	49.6%	51.5%	73.8%	65.3%
Purchase at markets	31.5%	31.8%	31.6%	16.7%	23.6%
Self-production	11.3%	17.8%	14.1%	8.9%	10.8%

Facilitators confirmed that this change was directly linked to increased agricultural collaboration and skills gained through the programme. One member of a cooperative in Nyagatare commented: *"Before joining, we used to depend on others for food or money. Now we grow our own crops and sell the surplus. I feel proud that I can feed my children through my own work."*

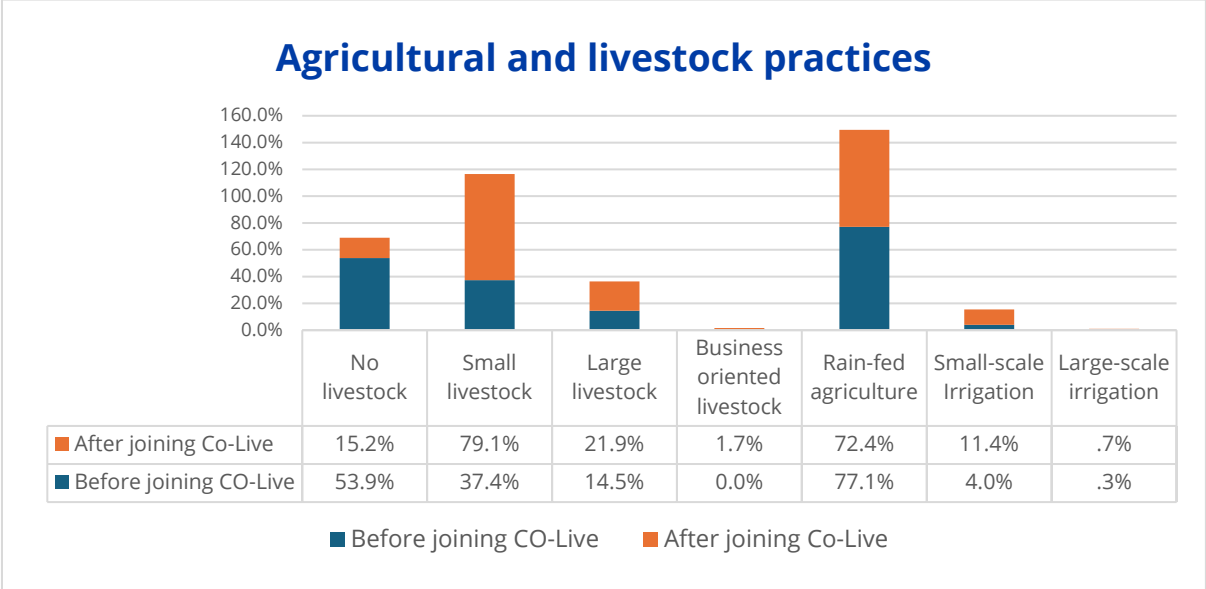


Finally, household meal frequency also improved significantly after participation in Co-LIVE. Prior to joining, nearly half of respondents (44.6%) reported eating only one meal per day, while 6% said they occasionally skipped meals. After joining the programme, 79.2% reported that they ate two meals per day, and 6% that they had three or more meals daily, compared to only 1.8% before. No participants reported skipping meals after joining.

These improvements indicate that Co-LIVE not only enhanced income stability but also improved households' nutritional security. As one female cooperative member from Ngoma noted: *"There were days I slept hungry with my children. Now, even if it's simple food, we eat every day. Working in the group taught me how to plan, save, and plant better."*

Such accounts reveal that improved food access was not solely the result of higher income, but also of improved household management, shared agricultural knowledge, and restored motivation. These benefits were fostered by group belonging.

Enhanced agricultural and livestock practices.



The chart above highlights significant changes in agricultural and livestock practices among Co-LIVE participants. Before joining, more than half (53.9%) reported having no livestock, and only 37.4% owned small livestock. After joining, livestock ownership expanded dramatically: 79.1% reported keeping small livestock, and 21.9% had large livestock. This diversification indicates a shift from subsistence to more productive and market-oriented farming.

Similarly, engagement in small-scale irrigation increased from 4% to 11.4%; and, while rain-fed agriculture remained dominant, it was practised more efficiently. Participants also began adopting more business-oriented approaches to livestock husbandry (1.7%), reflecting a growing entrepreneurial mindset. These changes demonstrate that Co-LIVE promoted food sufficiency and agricultural modernisation, and made tangible contributions to household resilience and rural development.

The Abahuje Umugambi group: building cohesion, livelihoods, and hope together

In Musya, Ngoma District, 15 young people (eight women and seven men) came together during a youth sociotherapy intervention. They came from different backgrounds: some were from families of Genocide survivors, some from families of perpetrators, and others from families marked by conflict. Initially, mistrust ran deep. For Julienne, for example, fear and isolation were all she knew: *"I grew up with parents who were traumatised Genocide survivors. I was afraid of perpetrators' families and their children. I never interacted with them. Now, after sociotherapy, I trust them so much that I can even leave my children with them."*

When the group graduated from sociotherapy, they decided to remain connected. They formed a savings group, into which each member contributed between 200 and 800 Rwandan francs per week. They soon launched a tailoring project, initially relying on the four members who could sew. These members began teaching the others, and together they grew the business.

Within months, they were sewing school uniforms for five hundred students at the neighbouring primary school, as well as outfits for two local church choirs. Their group was selected to participate in the Co-LIVE initiative, which bridges psychosocial healing and economic empowerment by helping graduates of healing spaces establish sustainable, community-owned livelihood initiatives supported by mentorship. They received funding of 800,000 Rwandan francs. With this, they purchased additional machines, grew the group from four to seven, and formed a tailoring school for others in the community.

Today, the *Abahuje Umugambi* group (meaning those with the same goal) has over 3 million Rwandan francs in assets, including machines, fabric, and other equipment. They meet every Friday to strategise, socialise, and distribute dividends. While not all members remain in tailoring, the savings and loan system has enabled members to launch individual projects:

- Oreste borrowed 50,000 Rwandan francs to start a street food business, which earns at least 4,000 Rwandan francs per day.
- Teta borrowed 100,000 Rwandan francs to build her own house, freeing herself from rent.
- Josiane borrowed 100,000 Rwandan francs to build a kitchen and another 40,000 Rwandan francs to buy livestock.
- Jean de Dieu bought land, while Tuyishime borrowed funds to build a house and get married.

The group also recently ventured into pig rearing. It acquired six pigs valued at between 60,000 and 200,000 Rwandan francs. One member's family donated land for free to house the project.

In addition to the group's financial progress, each member feels personally transformed as a result of sociotherapy. Julienne, once withdrawn and fearful, is now President of the group and a local leader:

she is Secretary at cell level. She has also started her own pig project and built a kitchen for her home - clear signs of her new vision for the future.

For Alice, the biggest shift was in how she relates to others. She explained: *"Sociotherapy taught me that everyone is dealing with something, and so their actions are not a reflection of me. Before, if someone walked by me without saying hello, I would be offended and think I had done something wrong."* Today, she approaches relationships with empathy and resilience.

Jean de Dieu is the son of a Genocide survivor. He grew up hearing warnings never to trust others. *"My mother taught me not to trust others because they killed her family. But sociotherapy opened my eyes to the reality of our history. It showed me how to deal with anger, sadness, and grief and most importantly, how to forgive."*

Through these personal journeys, what began as individual healing has become a shared transformation, whose effects continue to ripple out into their families and community.

Abahuje Umugambi is now planning to register as a cooperative and build a permanent workspace to expand both its business and its training programmes. As Julienne put it: *"We want to remain connected as a group, keep supporting each other, and build the capacities of others in our community."*

The *Abahuje Umugambi* group's story demonstrates the powerful ripple effect of psychosocial healing paired with livelihood opportunities. What began as a space to address intergenerational transmission of trauma and mistrust has grown into a thriving business, a savings and loan network, and a community of resilient, visionary young leaders. Their journey shows that when young people are helped to heal, trust, and collaborate, they not only transform their own lives but also strengthen the social and economic fabric of their entire community.

6. Policy And Practice Implications

6.1 Purpose and policy relevance

SHP has generated robust, evidence-based insights into how psychosocial recovery, family healing, reconciliation, and economic empowerment can reinforce one another to create resilient communities and cohesive governance systems. This chapter translates those insights into policy recommendations and strategic directions for integration within Rwanda's existing frameworks for reconciliation, mental health, social protection, and inclusive growth.

Alignment with national and sectoral frameworks

Policy / strategy	Objective alignment	SHP contribution
Vision 2050	Human capital and social cohesion drive prosperity	Healing and livelihoods reinforce trust and productivity.
National Strategy for Transformation (NST2)	Citizen well-being and social protection	Community and family healing interventions enhance social safety nets.
National Unity and Reconciliation Policy (2020)	Unity, trust, memory, and resilience	Sociotherapy operationalises interpersonal reconciliation, deepens social cohesion and multiplies collaborative livelihoods.
Health Sector Strategic Plan IV	Integrated mental health and community care	ROT and MFHS provide scalable mental health and psychosocial care models for individual and family resilience.
National Employment Strategy, and National Cooperative Strategy	Sustainable economic recovery	These strategies foster inclusive competences, job creation, social cohesion, and sustainable livelihoods at grassroots level.
National Reintegration Policy (2022)	Reintegration of ex-prisoners	Correctional social rehabilitation and reintegration services bridge emotional and family reconnection, and community reintegration, and reduce risks of recidivism.
Sida Rwanda Country Strategy 2020–2026	Peace, reconciliation, and inclusive growth	SHP provides a tested model linking healing to livelihoods.
Interpeace Strategic Framework 2020–2025	Systems resilience for peace and development	SHP embodies the "whole-of-person" resilience approach.

7. Conclusion And Lessons Learned

7.1 Conclusion and lessons learned from five years of SHP implementation

Over five years of implementation (2021–2025), SHP has proved that healing, peacebuilding, and inclusive development are mutually reinforcing processes that, when approached systemically, can transform individuals, families, and communities. Through its five interlinked components (multi-family healing spaces [MFHS], resilience-oriented therapy [ROT], correctional psychosocial rehabilitation and reintegration, community sociotherapy, and collaborative livelihoods [Co-LIVE]), the programme has established a coherent and evidence-based model for mental health recovery, reconciliation, and social resilience in post-Genocide Rwanda.

Findings from the 2025 endline survey and randomised controlled trials confirm that healing is measurable, scalable, and sustainable when embedded in local systems and supported by institutional collaboration. The lessons learned throw light on the pathways through which healing fosters individual transformation, family cohesion, community trust, and national resilience, forming the foundation for long-term peace and inclusive development.

1.Healing is a measurable foundation for peace and social cohesion

SHP demonstrated that psychosocial healing is not abstract but quantifiable. Across interventions, emotional well-being, resilience, and social trust improved significantly. Participants reported that their anxiety, depression, and trauma symptoms had reduced and that they had greater capacity for empathy, forgiveness, and collective problem-solving. These psychological gains translated directly into stronger community trust and cooperation, confirming that mental health is both a peacebuilding tool and a measurable foundation for community resilience and stability.

In practical terms, individuals who once viewed neighbours in fear and resentment began engaging in cooperative projects and community dialogues, confirming that psychosocial recovery is a precondition of effective community engagement, reconciliation, and social cohesion.

2. Families are the crucible of social recovery and resilience

The multi-family healing spaces (MFHS) approach underscored that family systems are the first social units of resilience and reconciliation. Through structured dialogues, families learned to bridge generational and gender divides, rebuild trust, and co-create new narratives of mutual understanding. Quantitative data showed significant improvements in family cohesion indices, while youth participants reported that they experienced less emotional distress and that communication with their parents had improved. These transformations confirm that strong, functional families are essential to sustaining peace at community level. As healing within families extended outward, communities reported fewer domestic conflicts, improved parenting practices, less youth delinquency and risky behaviour, and stronger intergenerational solidarity. These outcomes support the view that family healing is a cornerstone of peaceful communities.

3. Restorative justice and holistic psychosocial rehabilitation enable effective reintegration

A comprehensive, multi-layered approach to psychosocial rehabilitation and reintegration enabled inmates to transform their moral and emotional attitudes. The programme combined structured curriculum-based training, sociotherapy sessions, and vocational skills development (TVET), thereby promoting psychological healing and socio-economic resilience. Through guided reflection, restorative dialogues, and empathy-building exercises, participants learned to process guilt and trauma, strengthen accountability and rediscover their dignity. The programme's holistic approach enabled it to mutually reinforce moral restoration, psychosocial support, and practical skills acquisitions. The effect was to reduce recidivism and facilitate sustainable reintegration. Jeanne d'Arc's journey from prison inmate to community entrepreneur shows vividly that investment in rehabilitation can yield lasting personal and community benefits.

4. Economic empowerment and collective livelihoods sustain healing

The Co-LIVE interventions demonstrated that economic empowerment and psychosocial recovery are interdependent processes that reinforce one another. Participants translated emotional healing into economic resilience, and social trust into productive collaboration, by forming community-based enterprises, cooperatives, savings groups, and small businesses. These interventions led to tangible improvements: higher household incomes, improved food security, and stronger mutual support networks. They also promoted the inclusion of youth, women, and ex-prisoners in local development.

In essence, Co-LIVE operationalised Rwanda's National Employment Policy, Cooperative Policy, and Local Economic Development Strategy, demonstrating that livelihoods rooted in trust and solidarity can serve as a peace dividend and also a mechanism for social protection. By linking healing to production, SHP showed that dignity, productivity, and resilience are inseparable.

5. Healing is a systemic, multi-level process

A key insight from SHP is that healing is not an isolated psychological event but a systemic process that intersects with justice, health, education, and governance. Through partnerships with government institutions (MINUBUMWE, MoH, RCS), the University of Rwanda, as well as national and local organisations, local authorities, and practitioners, SHP demonstrated that psychosocial recovery can be embedded in national systems. Its multi-level approach linked individuals, families, communities, and institutions, which proved essential to achieving sustained outcomes. This experience shows that resilience must be cultivated in an integrated social system, where each level strengthens the other through shared accountability and collaboration.

6. Local ownership is the key to sustainability

SHP's most enduring achievements were observed in communities where ownership and local agencies were strongest. Across all targeted districts, groups continued to meet independently after external facilitation ended, maintaining their structures and supporting new members. This autonomy illustrates that healing becomes self-sustaining when trust and leadership are locally embedded. Community facilitators emerged as key multipliers, bridging formal and informal systems of care and fostering a culture of mutual responsibility. The lesson is clear: locally owned processes are the foundation of long-term resilience.

7. Evidence-based learning strengthens institutional credibility

A hallmark of SHP was its commitment to rigorous, data-driven evaluation. Using mixed-methods research, randomised controlled trials and outcome harvesting, the programme established a robust evidence base for its policies and practice. Between 2021 and 2025, data consistently indicated upward trends in mental health, resilience, and social trust, providing empirical validation for community-based healing models. The emphasis on learning and adaptation positioned SHP as a national reference for evidence-based peacebuilding. It offers replicable methodologies that can deliver psychosocial interventions at scale through national systems.

In conclusion, the five-year SHP journey demonstrated that true peace is built from the inside out: it begins with emotional healing, extends to families, and finally flourishes in communities and institutions. The programme's integrated design, linking psychosocial recovery, restorative justice, and economic cooperation, offers a sustainable blueprint for national resilience. Through its measurable impacts, inclusive participation, and institutional partnerships, SHP has contributed to personal transformation and social cohesion but also to the evolution of national policy frameworks that embed mental health, reconciliation, and livelihoods in Rwanda's broader development agenda.

7.3. Closing reflection and recommendations: sustaining resilience for peace

Rwanda's journey from devastation to peace stands as one of the most remarkable transformations of the modern era. The Societal Healing Programme, anchored in communities' own strengths, has shown that resilience is not only the capacity to recover but the power to reimagine. Every healed dialogue circle, every restored family, and every cooperative formed through SHP is a living testament to this reimagination. The stories of Jeanne d'Arc's reintegration, of the *Abahuje Umugambi* group rebuilding trust, and of families moving from silence to empathy, are not isolated outcomes: they are the seeds of a generational shift.

To sustain these gains, Rwanda's next phase must embrace healing as a national asset, a cross-sectoral resource for social, economic, and political renewal. The work ahead will require policy alignment, inter-ministerial coordination, sustained financing, and continued partnership between government, civil society, and communities themselves.

Recommendations

Building on the lessons learned from the implementation of SHP in Rwanda, the following recommendations are proposed to enhance coordination, sustainability, and long-term impact. These recommendations aim to assist key stakeholders, including societal healing actors, government institutions, and development partners, to consolidate gains, address gaps, and foster synergy across their interventions. Strengthened collaboration, institutional anchoring, and evidence-based investment are essential to ensure that societal healing continues to contribute meaningfully to social cohesion, reconciliation, and resilient livelihoods nationwide.

For societal healing actors: it is crucial to strengthen synergies, by establishing a formal consortium or coordination platform that brings together all implementing partners to harmonise approaches, share data, and jointly plan interventions. Developing a common minimum package of services, unified referral systems, and shared monitoring tools will enhance efficiency, ensure service continuity, and reduce duplication.

For the Government through MINUBUMWE: coordination should be reinforced through a designated national mechanism that links key ministries, national actors, and district authorities, and ensures that societal healing is integrated in national development frameworks, sectoral policies, and district budgets. The Government should also adopt clear standards for service quality, facilitate data sharing while safe-guarding confidentiality, and build the capacity of local governments to coordinate and monitor healing initiatives.

For development partners: long-term and flexible funding is essential to consolidate the gains achieved and support locally-led, multi-sectoral approaches that combine healing, social cohesion, and livelihoods. Donors should prioritise joint funding mechanisms, align reporting requirements to national systems, and invest in operational research and capacity building to strengthen evidence-collection and analysis as well as the accountability and sustainability of societal healing efforts across Rwanda.

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