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INTERNATIONAL ORGANIZATION FOR PEACEBUILDING

# From Healing to Resilience: Evidence and Lessons from Interpeace's Societal Healing Programme

## November 2021–October 2025

## Executive Summary

HAGURUKA
Defending the rights of women and children

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# From Healing to Resilience: Evidence and Lessons from Interpeace's Societal Healing Programme

## Executive Summary

# Introduction

This summary highlights the key objectives and results of, and lessons learned from, the 'Reinforcing Community Capacity for Social Cohesion and Reconciliation through Societal Trauma Healing' programme (the Societal Healing Programme, SHP). Jointly run by Interpeace and its national partners, Haguruka, Prison Fellowship Rwanda and Dignity in Detention (DiDE), SHP was implemented in the districts of Nyabihu, Musanze, Nyamagabe, Nyagatare and Ngoma. It was closely supported by the Ministry of National Unity and Civic Engagement (MINUBUMWE), The Ministry of Health through Rwanda Biomedical Centre (RBC), and Rwanda Correctional Service (RCS), and was funded by the Swedish International Development Cooperation Agency (Sida).

SHP aimed to build resilience from within by addressing trauma, restoring trust, and strengthening the social fabric of communities affected by the Genocide against the Tutsi and its legacies. The central thesis was: *"Healing the person heals the community, and a healed community sustains peace"*.

Strategically, SHP reflected the priorities of Interpeace's Global Strategy (2020-2025), Resilience for Peace, which strengthens locally led peace infrastructures and community ownership of reconciliation processes. It also supported the objectives of Sida's Rwanda Country Strategy, particularly its focus on reconciliation, social inclusion, and gender equality. At the national level, it aligned with Rwanda's Vision 2050 and National Policy on Unity and Reconciliation (2016) and contributed to the country's long-term goal of building a cohesive, inclusive, and resilient society through community-based healing, dialogue, and reintegration approaches.

# Key programme objectives

1. **Integration of community-based healing:** To address historical wounds, incorporate community-based healing methods in mental health and inmate reintegration protocols.

2. **Foster social cohesion:** Promote reconciliation through collective healing processes, collaborative livelihood initiatives, and approaches that combine inmate rehabilitation with community reintegration.

3. **Empower youth:** Equip young people with skills and opportunities to process trauma and build an inclusive future.

4. **Inform policy with practice:** Use lessons from the programme to inform national mental health and social cohesion strategies.

# Programme interventions

1. **Resilience-oriented therapy (ROT):** A group-based psychological intervention that addresses emotional regulation, identity development and behavioural self-management, and builds individual resilience.

2. **Multi-family healing spaces (MFHS):** Intergenerational dialogues that rebuild family bonds, reduce intergenerational trauma, and create safe homes for healing.

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

4. **Correctional psychosocial rehabilitation and reintegration services:** A therapeutic and rehabilitation support programme for incarcerated individuals who are preparing to rejoin their families and communities. The package includes a comprehensive psychoeducation curriculum, psychosocial healing, and life and hands-on skills training.

5. **The Co-LIVE (collaborative livelihoods) protocol:** This intervention forms healing-linked livelihood groups that transform psychosocial recovery into shared economic empowerment. It assists communities to move from subsistence to resilient and sustainable livelihoods, while progressively increasing trust.

# Programme reach

### Between 2021 and 2025:

12,227

The SHP reached **12,227** participants in **407** healing and engagement spaces in communities, correctional facilities and health centres in Rwanda.

5,352

**5,352** participants engaged in structured healing and dialogue groups.

621

**621** people benefited from resilience-oriented therapy (ROT) in **52** health centres.

2,039

Sociotherapy reached **2,039** participants in **140** community spaces.

2,088

**2,088** individuals joined multi-family healing spaces (MFHS) to rebuild family communication and trust.

1,767

The collaborative livelihoods and hands-on skills training programme (Co-LIVE) reached **1,767** individuals in **75** livelihood groups.

409

**409** inmates graduated from TVET programmes.

829

**829** sociotherapy graduates received advanced training in entrepreneurship, cooperative governance, and business development.

529

**529** members benefited from Co-LIVE business initiatives. Co-LIVE supported **40** small cooperative enterprises.

## In line with the programme's aim to build local capacities for sustainable healing and resilience,

256

**256** practitioners and facilitators received capacity-building training, including correctional officers, dialogue leaders and mental health professionals.

829

**4,852** people participated in awareness, policy engagement, and psychoeducation activities, including community dialogues and policy dissemination.

## To strengthen field operations, data collection and coordination, the programme issued:

43

**43** tablets to health centres, hospitals and correctional facilities to facilitate community screening, data recording and regular updates.

39

**39** motorcycles to health centres and hospitals to facilitate community outreach and improve citizen access to mental healthcare services.

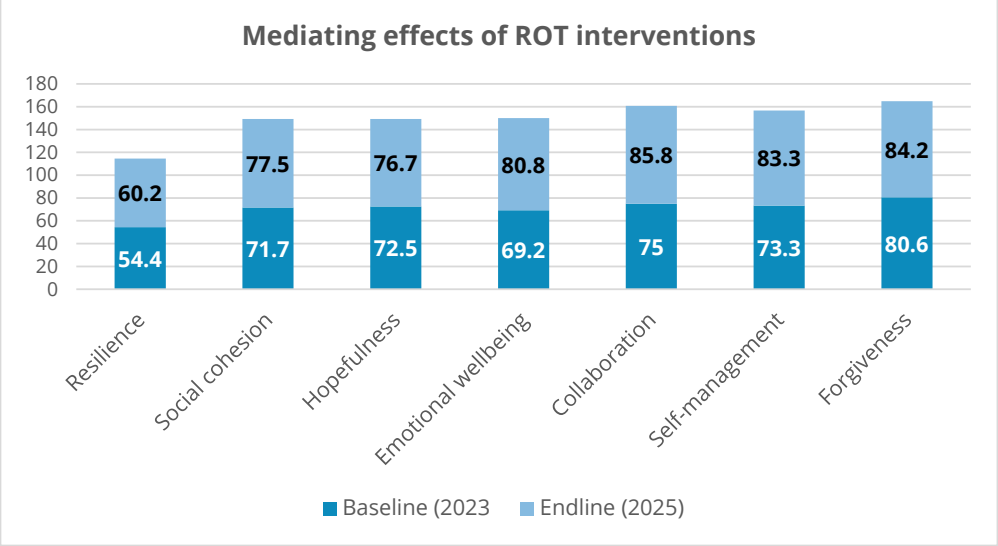
**Beyond SHP's direct reach, thousands more families, communities, and local institutions were indirectly influenced.**

# Key results

The endline survey and qualitative assessments confirmed that SHP recorded significant psychological, social, and economic achievements.

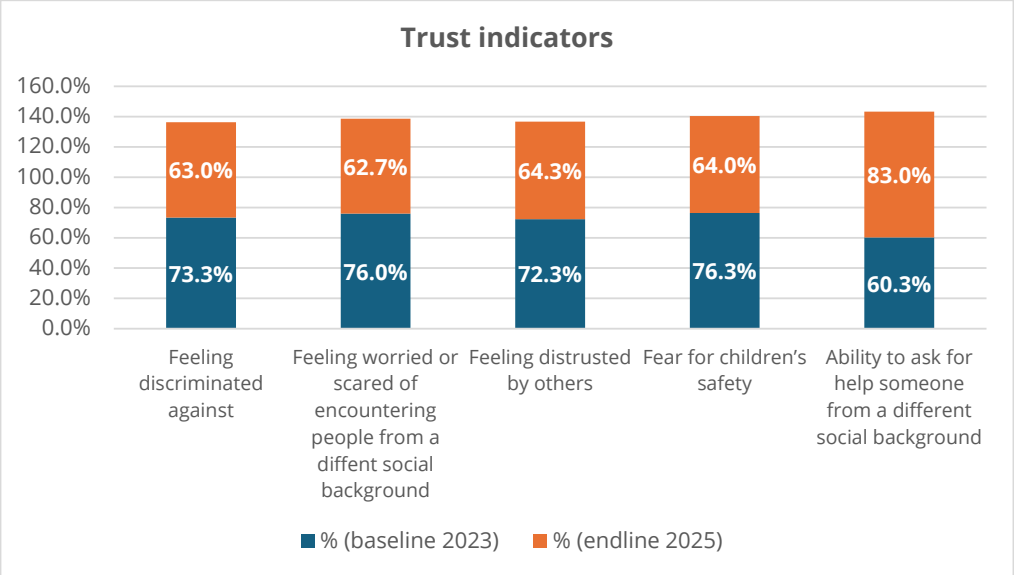
➔ With respect to **mental health**, SHP improved participants' wellbeing:

- Resilience increased by 8.9%.
- Emotional wellbeing increased by over 24%.
- Self-management capacity increased by 29.8%.



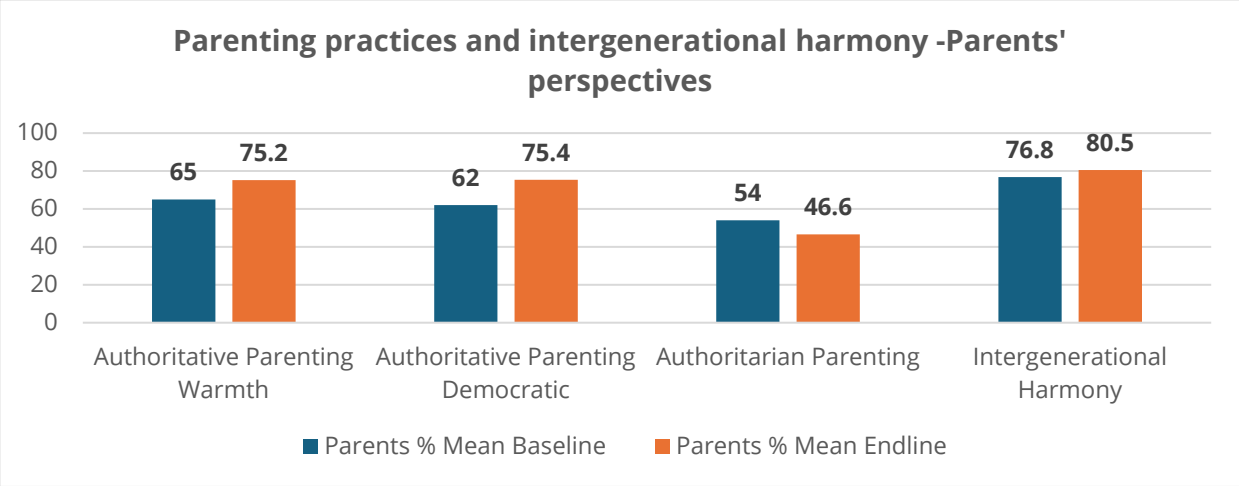

➔ With respect to **social cohesion**:

- Outer-group trust increased by 7.2%.
- Social harmony increased by 12.5%.
- Ability to cooperate increased by 34.5%.



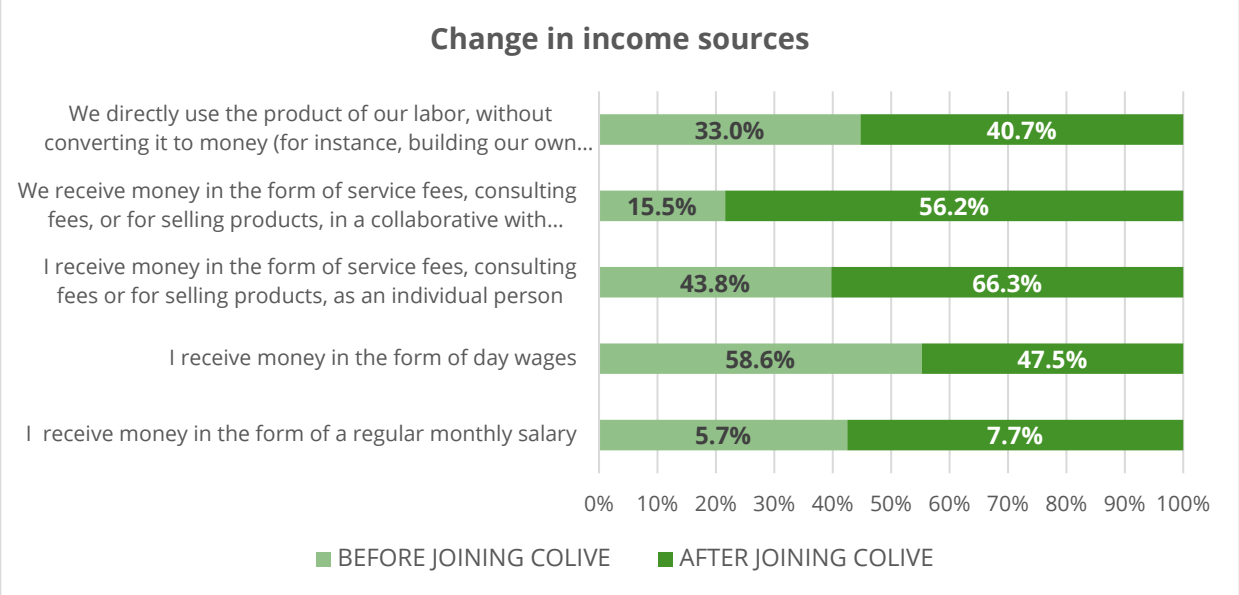
➔ With respect to **family and intergenerational harmony**:

- Family belief systems were enhanced by more than 12%. Families were more able to support one another and to manage crises and challenges.
- Family communication and problem-solving capacities rose by 14.6%. Families were more able to cooperate and act effectively to address stressful situations.
- Parenting practices showed remarkable progress. Warm, nurturing and inclusive parenting behaviours increased by 34.5%. Participatory parenting (which considers children's views and preferences even in moments of disagreement) increased by 13.4%.




➔ With respect to **economic resilience**:

- Food security improved by 29.3%.
- Housing quality improved by 18%.
- Saving practices increased by 54%.
- Adoption of climate-resilient agriculture increased by 7% (notably through use of small-scale irrigation).



In addition to these impacts at community level, the SHP helped to strengthen Rwanda's **policy-making and systems**:

1. **Contribution to Rwanda's Second National Strategy for Transformation (NST2):** Evidence generated via the Community Resilience Assessment Framework (CRAF) helped refine NST2 indicators relating to social cohesion, reconciliation, trauma recovery and community resilience. As a result, national development planning takes better account of the psychosocial dimensions of peace and community wellbeing.

2. **Influence on the National Unity Barometer:** SHP data and tools such as CRAF informed the National Unity Barometer by integrating trauma, healing, and psychological resilience in national measurement frameworks. This confirmed SHP's contribution to shaping national dialogue and guiding evidence-based policymaking.

3. **Resilience-oriented therapy was integrated in national mental health practice:** ROT results led the Rwanda Biomedical Center to adopt the ROT approach in health centres nationally. This change shifted Rwanda's public health system towards community-based group healing practices.

# Lessons Learned

Over four years, the SHP has shown that healing, peacebuilding, and inclusive development are mutually reinforcing processes: when programmes are integrated and approached systematically, individuals, families and communities are transformed faster and more sustainably. Its five interlinked interventions (MFHS, ROT, correctional psychosocial rehabilitation and reintegration, community sociotherapy, and Co-LIVE) have established a coherent and evidence-based model for mental health recovery, reconciliation, and social resilience in post-Genocide Rwanda.

The findings of the endline survey and randomised controlled trials (RCTs) confirm that healing is measurable, scalable, and sustainable when embedded in local systems and supported by institutional collaboration. Some of the key lessons include:

1. Healing can be measured and provides a foundation for peace and social cohesion.
2. Families are central to social recovery and resilience.
3. Effective reintegration requires restorative justice and holistic psychosocial rehabilitation.
4. Economic empowerment and collective livelihoods sustain healing.
5. Healing is a systemic, multi-level process.
6. Local ownership is vital for sustainability of results.
7. The SHP's evidence-based approach validated the programme's SHP's impact and positioned it as a national model for peacebuilding.

These lessons illustrate the pathways via which healing can foster individual transformation, family cohesion, community trust, and national resilience. They form the foundation for long-term peace and inclusive development.

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