



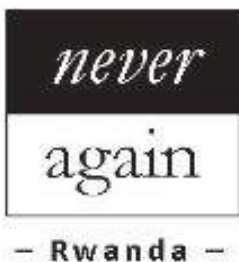
November 2015

Societal Healing in Rwanda: Mapping of Actors and Approaches



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Interpeace and Never Again Rwanda are implementing the Societal Healing and Participatory Governance for Sustainable Peace in Rwanda.

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A report conducted by Never Again Rwanda and Interpeace as part of the Societal Healing and Participatory Governance for Sustainable Peace in Rwanda.

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This report is dedicated to late Professor Naasson Munyandamutsa. His role in the conception and early implementation of the Societal Healing and Participatory Governance Program for Peace in Rwanda was vital.

Foreword

As a sociology professor who had just started teaching a course on Rwandan society and the 1994 Genocide against the Tutsi, I travelled to Rwanda for the first time in 2007. The purpose of my trip was to determine if it would be feasible to bring undergraduates to Rwanda for a study-abroad course. While there, I met with Dr Joseph Nkurunziza and Mr Albert Nzamukwereka, who co-founded Never Again Rwanda (NAR) in 2002 while studying at the former National University of Rwanda. We made a plan for my return the following summer with six students who would participate in a Peace building Institute (PBI) sponsored by NAR. While I was impressed by the passion and vision of these young professionals, I wondered how far these two young men would be able to take this relatively small non-governmental organization (NGO).

Fast forward nearly ten years later, with a number of PBIs and student trips successfully completed, NAR is now one of the leading peacebuilding organizations in Rwanda, with over 35 staff members and 7'000 beneficiaries, NAR implements three core programmes that span across 22 districts: Governance and Rights, Peace building and Research. Research programme supports the other two programmes in informing evidence-based best practices for better programme implementation. In early 2015, NAR partnered with Interpeace to begin work on a four-year programme, called "Societal Healing and Participatory Governance for Peace in Rwanda", with significant support from the Government of Sweden. The programme seeks to address challenges associated with participatory governance and societal healing in post genocide Rwanda. Before the implementation of the societal healing component, it was important to map actors in societal healing, peace building and reconciliation, and approaches they use, with the aim of informing NAR about existing initiatives, best practices, challenges and tools used, so that the programme's approach can add real value to existing initiatives. Analysis of these multiple sources of data has resulted in research report titled "Societal Healing in Rwanda: A Mapping of Actors and Approaches" which makes significant contributions to academic scholarship, organizations and NAR's own programmes, which are designed to advance societal healing, particularly in Rwanda. .

Academic researchers, such as Susanne Schaal or Thomas Elbert, have studied trauma extensively in post-genocide Rwanda. Most of these studies focus on psychological trauma with data gathered from individuals experiencing the trauma. What sets this research apart is its use of a participatory action model that recognizes the nexus between psychological and societal healing and the important role of healing for Rwandans to work collaboratively toward sustainable peace and development. Another significant contribution of this report is that the study offers a panoramic view of healing, reconciliation and peace building derived from actors implementing government, national and international programmes across Rwanda. Working closely with genocide survivors and ex-perpetrators day-after-day provides actors with keen insight into traumatic events that occurred before, during and after the genocide; events that contribute to lingering individual and societal wounds.

Still recovering from one of the worst genocides of the 20th century - infamous for its speed, brutality, and intimacy of neighbours killing neighbours - Rwanda offers an exceptional case study of how societal healing and reconciliation are mutually reinforcing; despite their conceptual distinction. As stated in the report, "Reconciliation is a relationship-building process, while healing is a process aimed at the reduction of suffering...". Nevertheless, repairing relationships and building trust help heal societal wounds, just as letting go of fear and anger advances reconciliation. The fact that many genocide survivors and ex-perpetrators continue to live in the same communities underscores the need for healing to transcend the individual level into societal healing and reconciliation. As expected, most actors affirm the profound need for healing work in all of Rwanda's provinces.

Actors and academic experts agree that healing must begin with the individual - but it is imperative that the work of individual healing moves into a group and community context in order to achieve societal healing. While the results of this study demonstrate the many personal benefits of a group approach, which include emotional and practical support, staving off feelings of isolation and the validation of experience, just to name a few, the group approach also supports reconciliation and peace building by rekindling mutual trust, promoting open and honest communication, developing group decision-making skills and restoring interpersonal relationships. Several initiatives engage in socioeconomic activities that provide material support to individuals while also promoting positive, social interaction among community members.

Another key contribution of this mapping study is that it offers evidence-based guidelines to practitioners using one or more of the individual, group, community and/or holistic approaches. Actors point out that severely wounded individuals often need more substantial preparation before joining a group, and academic experts note that bringing together wounded individuals at various stages of healing requires qualified and dedicated facilitators in need of ongoing training and support. Actors, beneficiaries and experts recommend the formation of groups with similar wounding experiences in order to ensure empathic understanding and support. Nevertheless, actors document the value of bringing together genocide survivors and perpetrators in preparation for community work on societal healing and reconciliation. They, however, strongly advise using this approach only after there is a strategic plan in place and the separate groups have received sufficient preparation. Actors also propose using socioeconomic activities as part of a holistic approach only after healing is well underway in order to prevent these activities from usurping the healing process. Two challenges that emerge from the study's findings include the need for more resources to conduct proper evaluations and the necessity of educating funders on the long-term commitment required to achieve both individual and societal healing.

The findings of this study are of particular value for moving NAR and Interpeace Societal Healing and Participatory Governance programme forward. The latter has been set up in order to promote healing and social cohesion in a post genocide Rwanda In response to the need for healing throughout Rwanda with a particular emphasis on women and youth, NAR as informed by the results of this mapping“, It has created five schooling youth groups, five non-schooling youth groups and five community groups engaged in Youth Peace Dialogues and Space for Peace within all five provinces. Two facilitators, elected by each group, lead these groups after receiving significant training. Groups vary in their focus depending on community needs, preferences and resources. For example, one group of young women, some of whom have experienced sexual violence and / or single motherhood, is currently led by a psychotherapist to ensure proper support. The work of some other groups includes dialog, arts, theatre, public speaking, economic activities and so forth. Once a year, these groups will come together to share ideas and experiences.

NAR and Interpeace are on the right path with the societal healing work, and that is largely attributed to a lifetime of dedication and professional commitment to healing by Professor Naasson Munyandamutsa, a psycho therapist, psychiatrist and family therapist who sadly passed away on 1 March 2016 while serving as NAR's Country Director. His contribution to trauma healing and the advancement of clinical and psychology and mental health in post – genocide Rwanda is invaluable. Professor Naasson was a long-time mentor to Dr Nkurunziza I met ten years ago. Now a medical doctor and expert on peace building and reconciliation, Dr Nkurunziza has stepped into the role of NAR's Country Director. Based on my interactions with him, I am convinced that he will be excellent at leading NAR's future research and programmes on societal healing that builds on Professor Naasson's legacy.

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Executive Summary

Never Again Rwanda (NAR) is a Peacebuilding and Social Justice Organization that was founded in response to the 1994 Genocide against Tutsis. Guided by a vision of a nation where citizens are agents of positive change and work together towards sustainable peace and development, NAR seeks to empower Rwandans with opportunities to become active citizens.

At the beginning of 2015, NAR and Interpeace embarked on a four-year programme, entitled “Societal Healing and Participatory Governance for Sustainable Peace in Rwanda” (henceforth referred to as “Societal Healing programme”). The programme is funded by the Government of Sweden in Rwanda, and aims to contribute to the consolidation of a peaceful and inclusive Rwandan society, enabled to overcome the wounds of the past and to peacefully manage conflicts and diversity as well as empowered to influence programmes and policies responsive to citizen priorities.

In preparation for the implementation of the Societal Healing aspect of the programme, NAR conducted a country-wide mapping exercise of healing, reconciliation and peace building actors and their approaches, which is documented in this report. This report intends to serve as a resource for practitioners in the field of healing; it aims to provide an understanding of the type of work being done in this domain, including challenges and lessons learned from Rwanda and other countries. Learning from the initiatives of experienced actors in the field of societal healing is of paramount importance to NAR and Interpeace as it aims to enrich the work that is being done through the programme.

A total of 218 people were interviewed for this mapping report. A focus lay on the collection of qualitative data: 45 participants are actors who have experience implementing / practicing healing, reconciliation and peace building initiatives on the ground, seven respondents are resource persons who are professional / academic experts in healing and 166 respondents are part of healing and reconciliation initiatives.

The results of the research strongly suggest that healing is still a need among some Rwandans and that it is important for healing to be addressed at a societal level. Society plays a special role in healing by supporting those who are wounded through traumatic events of the past and helping them to regain a sense of belonging. The society is also highly important in terms of reconstructing social cohesion in Rwandan society, which has been repeatedly torn apart throughout its history due to extreme political violence and genocide.

The research identified four types of healing approaches – individual, group, community, and holistic – that are currently being used to address wounds in Rwanda by the 45 actors-practitioners interviewed for the study. Given the unique dimension of the Rwandan post-genocide context, a combination of both group and community approaches was found to be appropriate and effective in achieving healing and restoring healthy relationships among Rwandans.

This report also brings to light the need for healing interventions to build safe spaces in which trust can be deeply established among the community members and make them feel comfortable disclosing sensitive their sensitive personal stories.

While the mapping research depicts great steps made by the Rwandans towards reconciliation and peaceful cohabitation – in some cases because they was no other option than getting the perpetrators and the victims to live side by side, most interviewed resource persons suggest the Rwandan society still has a long way to go to move from cohabitation to full reconciliation.

Healing is not a practice that operates in isolation. The findings indicate that meeting basic needs, such as food, water and shelter, can also contribute to healing. Providing socio-economic opportunities can help to complement healing efforts and ensure sustainable transitions to peace. However, timing is important. Experienced healing actors recommended that healing-based interventions that intend to include supplementary socio-economic development activities should not be introduced at the beginning of the intervention because they risk overshadowing the healing aspect of the work. It is advisable to introduce socio-economic activities once healing initiatives have been well established.

The size and scope of healing initiatives have a direct relationship with the quality of healing that can be achieved. As such, this report suggests that it is better to aim to make a big impact on a small group of beneficiaries than to target large groups, which may result in less effective interventions.

With regard to the actors involved in healing initiatives, professionalism and dedication were found to be crucial to the effectiveness of the work conducted. It is critical that the people carrying out interventions are invested in their work. They must be passionate and care deeply about their contribution to healing.

Finally, this report found that there is a need for more collaboration and networking among the dedicated professionals who carry out healing work. The allocation of specific times for healing actors to come together to share and learn from their collective experiences would greatly benefit the domain of healing in Rwanda.

Dr Joseph Nkurunziza,
Never Again Rwanda Country Director

Acknowledgements

The mapping of actors and approaches in societal healing in Rwanda would not have been possible without the help of numerous individuals and organizations who provided their valuable time, experience and insights, which made this endeavour successful.

We must first recognize the substantial financial support of the Embassy of Sweden in Rwanda, which funded this research and the entire Societal Healing and Participatory Governance for Peace in Rwanda programme. Thank you for your belief in our work.

NAR would also like to recognize our partner, Interpeace, which has been instrumental in supporting our team in the implementation of the Societal Healing and Participatory Governance for Peace in Rwanda programme. Thank you for your help throughout the process of compiling this report. The knowledge and expertise Interpeace has shared with us in the field of peace building has been of utmost value to us and has enriched our work.

NAR would like to express its deepest appreciation to all government institutions interviewed for this report. NAR's profound gratitude goes to the Ministry of Health (MoH), the Ministry of Justice (MINIJUST) and the Ministry of Gender and Family Promotion (MIGEPROFE). Thank you for providing the opportunity to collaborate with you throughout the duration of the mapping exercise.

A special thanks goes to the actors involved in societal healing and reconciliation for their cooperation. These actors not only shared their experiences and challenges encountered in their work, they also made it possible for NAR to interview some men and women they serve. Their recommendations and their openness were invaluable in understanding Rwanda's needs in the domain of healing and reconciliation.

NAR will remain thankful to Patricia Pasick, a Ph.D. Consulting Psychologist associated with the University of Michigan and Director of Stories For Hope Rwanda, an international NGO, who has invested her full effort in guiding the research team. Her methodological and proofreading assistance helped to produce this final report.

NAR is thankful to all members of its Advisory Committee who invested their efforts to guide the research team throughout the entire process of compiling this report. Their guidance helped the NAR research team to work confidently and successfully, and their expertise in healing will continue to guide NAR throughout the implementation of the Societal Healing programme.

We would like to acknowledge with much appreciation the crucial role of the resource people whose contributions and encouraging guidance enabled this report to be successfully completed.

Finally, our profound gratitude goes to all of those who directly or indirectly contributed to this report. Special thanks goes to NAR management, Audio-Visual, Peace building and Great Lakes programme teams as well as the Communication Expert, the Monitoring and Evaluation Expert and the IT support person.

Acronyms

AEE:	African Evangelistic Enterprise
AEBR:	Association of Baptist Churches in Rwanda (Association des Églises Baptiste au Rwanda)
AERG:	Association des Élèves et Étudiants Rescapés du Génocide
ALARM:	African Leadership and Reconciliation Ministries
AMI:	Association Modeste et Innocent
ARCT:	Association Rwandaise des Conseillers en Traumatisme
AVEGA:	Association des Veuves du Génocide Agahozo
CARSA:	Christian Action for Reconciliation and Social Assistance
CNLG:	Commission for the Fight against Genocide
DC-Cam:	Documentation Center of Cambodia
ECCC:	Extraordinary Chambers in the Courts of Cambodia
FARG:	Fond d'Assistance aux Rescapés du Génocide
FGD:	Focus Group Discussion
GAERG:	Groupe des Anciens Étudiants Rescapés du Génocide
HPR:	Healing, Peace building and Reconciliation (Programme)
HROC:	Healing and Rebuilding Our Communities
ICTR:	International Criminal Tribunal for Rwanda
IMIC:	International Multireligious and Intercultural Centre
KR:	Khmer Rouge
M&E:	Monitoring and Evaluation
MINALOC:	Ministry of Local Governance
MINIJUST:	Ministry of Justice
MIGEPROF:	Ministry of Gender and Family Promotion
MoH:	Ministry of Health
NAR:	Never Again Rwanda
NGO:	Non-Governmental Organization
NSM:	National Stakeholders Meeting
NURC:	National Unity and Reconciliation Commission
PAR:	Participatory Action Research
PBI:	Peace building Institute
PDCBE:	Project for Dialogue and Community Building for Educators
PTSD:	Post-Traumatic Stress Disorder
RDRC:	Rwanda Demobilization and Reintegration Commission
RGB:	Rwanda Governance Board
SEP:	Shalom Education for Peace
TRC:	Truth and Reconciliation Commission

1 Background and objectives of the study

It is important to consider the historical context of Rwanda when addressing the wounds found in society and not limit our assessment of wounds to the 1994 genocide against the Tutsi alone. Wounds can be traced back as far as the colonial era. Rwanda was first colonized by Germany, beginning in the late 1890s, but the territory was soon turned over to be ruled by Belgians after the First World War. During this time, Rwandan society was divided by Belgian colonizers who, following a “divide and rule” strategy, enforced oppressive structures on Rwandans based on their perceived ethnic identities. The Belgian rulers created a Tutsi monarchy which resulted in superiority complexes among the Tutsi elite of the time and led to denigrating the identity of the majority Hutu population. When the Tutsi elite increasingly demanded for independence, the colonial power switched to supporting a more “accommodating” Hutu elite. These divisions and identity-based manipulations culminated in a social revolution from 1959-1962, which the colonizers supported in order to transfer power from the Tutsi to the Hutu elite. Many Tutsis were killed in the violence and hundreds of thousands were forced to flee to neighbouring countries as refugees. They were subsequently denied the right to return to Rwanda for over 30 years. Meanwhile, wounds continued to be inflicted to Rwandans during the independence period when the Tutsi minority suffered discriminatory policies that limited their access to education and subjected them to mass human rights abuses, including the 1961 and 1973 expulsions of hundreds of thousands of Tutsis as well as mass murder. The 1994 genocide against the Tutsi and its consequences created massive wounds among the majority of the population especially among victims / survivors, but also among perpetrators and their children, – the result, perhaps, of a lengthy history of fractured, broken relationships throughout society as a whole.

Various NGOs, in collaboration with the Rwandan government, set up healing, reconciliation and

peace building programmes across the country to begin to tackle the wounds that resulted from the country’s experience of extreme violence. The National Unity and Reconciliation Commission (NURC) was established in 1999 to promote social cohesion and peace among Rwandans through various national programmes, including activities to support disadvantaged Rwandans, to ensure that everyone has a role to play in rebuilding their society together. The government also institutionalized commemorations practices to honour the lives lost in the genocide, to provide Rwandans with opportunities to publicly mourn their loved ones and to give Rwandans the chance to talk about the future and to move beyond what happened in 1994.

In environments that have a history of violence, societal traumata endure even among new generations that did not experience violence first hand. Although wars and genocide leave a mark on all people in post-violence settings, youth face a specific set of repercussions. Durst (1995) notes that surviving genocide as a child seems to be a fundamentally different experience than surviving genocide as an adult. Psychosocial studies have indicated that the social, behavioural, cognitive and emotional wounds, such as depression, withdrawal, alienation, post-traumatic stress disorder (PTSD) as well as health and physiological malfunctioning associated with genocide survivors are most pronounced in youth (Amone-P’Olak et al., 2007). This is evident in Rwanda where researchers have noted a high incidence of mental health problems among young people (Neugebauer et al., 2009; Pells, 2011).

Objectives of the study

NAR believes that in Rwanda, societal healing is a process that involves individuals, groups and the community as whole in order to cope with and overcome the psychological wounds caused by traumatic events and structural violence (and

/ or their effects) that they directly or indirectly experienced throughout the history of the country. NAR is convinced that once the society begins to heal, community members can then work towards reconciling with their adversaries through dialogue.

Healing societal wounds, while paying particular attention to the youth, requires a continued effort from the government and civil society alike. Through the societal healing axis, the programme aims to enable diverse groups of community members, and youth in particular, to openly discuss sensitive topics of the past and present, to settle differences through dialogue and to cooperate to implement activities that will contribute a shared vision for the future. The goal is to transform community members and youth into peace agents - skilled facilitators in mediation and dialogue - as strategies to foster reconciliation.

NAR recognizes the important work of other state and civil society-led initiatives in healing and reconciliation. A key consideration of the programme is to complement existing initiatives and to draw from their experiences to enhance the programme.

This mapping of actors and approaches was conducted with the aim of informing NAR and its societal healing programme of the existing societal healing and reconciliation initiatives, best practices, challenges and tools used. It helps to draw lessons learned on healing approaches and

tools to ensure that the programme's approach can add real value to existing initiatives. The reflections presented in this mapping report are based on interviews with 45 institutions and organizations working on healing, peace building and reconciliation as well as focus groups with Rwandans who are beneficiaries of some of the initiatives. NAR aims to engage in a continual learning process throughout the implementation and duration of the Societal Healing programme. As such, this report is not finite but rather it is intended as the beginning of a long-term process in which input from other actors will be regularly sought and shall contribute to a growing knowledge base in healing and reconciliation in Rwanda and beyond. With regard to this particular report, the validation process will involve the input of all actors to confirm the findings and to advice on the analyses drawn from this exercise.

This mapping report is structured as follows. Following this introduction, Chapter Two elaborates on the methodology used for the mapping. Chapter Three presents a literature review from selected post conflict countries while Chapter Four maps out the actors and approaches used in healing in Rwanda. Chapter Five presents an analysis of findings and lessons learned, and Chapter Six discusses the adapted implementation framework for the Societal Healing programme. Conclusions and recommendations are presented in Chapter Seven.



A group of community members during a focus group discussion, 2015.

2 Methodology

This chapter describes the mapping approach, methods, sampling strategy, data collection process, data analysis and ethical considerations of the present study.

2.1 Mapping Approach

This mapping used a qualitative approach because the emphasis was put on an in-depth understanding of existing healing initiatives, approaches used and perception of actors to document their successes, challenges and lessons learned in healing and reconciliation work. Priority was therefore given to in-depth discussions with actors, their constituents and experts rather than a collection of statistical data on the basis of close-ended question.

Furthermore, NAR uses Participatory Action Research (PAR), which aims at bringing people together to exchange on their different perspectives, to stimulate dialogue and hence generate a more common understanding. PAR also promotes evidence-based advocacy and support various stakeholders to make informed decisions. This reinforces local ownership, the importance of public participation as a foundation for effective decision-making and good governance in relation to societal healing.

It is to this end that NAR established a gender balanced Advisory Committee with diverse expertise in the healing and reconciliation domain and extensive experience in the field.

The committee provided external technical assistance to NAR's Research team during the mapping exercise, including the review and validation of the interview guide for individual interviews, Focus Group Discussions (FGDs) and guidance on facilitating FGDs on sensitive topics. The committee also reviewed the report's findings before it was disseminated at the National Stakeholders Meeting (NSM) that was held in Kigali on November 3, 2015. The stakeholders meeting confirmed the group approach and the need for a regular network of peace actors in Rwanda, being of paramount importance as suggested by the findings.

2.2 Mapping Methods

Given the qualitative nature of this mapping of actors and approaches in healing, a range of qualitative methods were applied in collecting data. They included desk review, individual interviews and FGDs.

The desk review method was instrumental in

analysing key documentation on healing-related concepts, approaches and some existing initiatives in Rwanda with the objective to learn from them and identify gaps. Healing and reconciliation endeavours in three post-extreme-violence societies (South Africa, Cambodia and Bosnia Herzegovina) were also briefly reviewed. These cases were identified due to their rich experience in societal healing after mass violence.

The second method used in this mapping was in-depth interviewing. This interview style involves open-ended, relatively unstructured questioning. In this method, the interviewer seeks in-depth information on the interviewee's feelings, experiences and perceptions. In-depth interviews offered the opportunity for interviewees to open up and provide confidential information when deemed necessary. Additionally, researchers were free to ask questions and probe for more clarification as well as to interpret the validity of what was being said by the interviewees (for instance, through assessments of tone of voice and body language).

A third qualitative method was FGDs. The main purpose of FGDs is "to gain insights by creating a forum where respondents feel sufficiently relaxed to reflect and portray their feelings and behaviour – using their language and logic. The value of the technique lies in the unexpected findings often obtained from a free-flowing group discussion" (Turauskas & Vaitkūnienė, 2004: 304).

Interview guides were developed for both Key informants (individual interviews) and focus group discussions. The research questions to actors and constituents in FGDs were primarily open-ended and focused on discussions of programme approaches, success stories, and challenges (see Appendices A-D).

Researchers explained to interviewees the purpose of the mapping of actors and provided assurances that their responses would remain anonymous. By agreeing to the interview, participants were informed that their participation was voluntary and that they could choose to stop the interview at any time and for any reason.

All discussions were recorded by NAR's audio-visual team. The use of this tool was two-fold: ensuring all data were captured and could be viewed by researchers for analysis purposes, and to utilize them in making a documentary film to illustrate and provide evidence in addition to the written mapping report. Filming was done only if the participants consented.

2.3 Participants and Selection Criteria

A total of 218 respondents were interviewed to gather data for this report, either individually or in focus group discussions. From a total of 45 actors, 30 actors were interviewed individually and 15 other actors participated in a subsequent FGD to address gaps in the data. Seven resource persons (experts in healing, both academically and in practice) were also individually interviewed. Interviews with experts also played a vital role in the analysis of the findings. Finally, 166 beneficiaries of healing and reconciliation initiatives were interviewed in ten FGDs; two in each Province and each comprising around 15 people.

Individual interviews provided valuable information and insights to better understand various perspectives of societal healing. Actors in both government and NGOs were selected purposively for interviewing for this mapping of actors and approaches report.

For the sake of geographical representativeness, initiatives that were mapped were selected taking into account their distribution in all provinces and the city of Kigali. It is worth mentioning that the majority of the organizations running healing and reconciliation initiatives have their headquarters in Kigali while many of their interventions are located in different parts of the country (for a list of mapped actors / initiatives see Figure 2).

All actors involved in this mapping had experience implementing / practicing healing and reconciliation initiatives on the ground. They included senior staff who are knowledgeable and largely involved in those initiatives.

The NAR research team relied on the existing

documentation (reconciliation initiatives and NGOs database) from the NURC and the Rwanda Governance Board (RGB) to identify actors. Given that the two references did not provide updated databases of healing and reconciliation initiatives, the Advisory Committee, whose members have extensive field experience in healing and reconciliation areas, was instrumental in identifying the active actors from whom the actual mapping list was partially drawn.

In addition, a FGD with 15 additional actors was held. This discussion was organized after consulting the data from individual interviews. The FGD with actors provided a diversity of perceptions on healing. This helped NAR researchers to compare and contrast data from individual interviews with actors and provided an opportunity to come to consensus about the key findings, conclusions and recommendations.

The constituents involved in the mapping were chosen in the following manner. Leaders of organizations provided the NAR research team with a list of participants in their healing initiatives. Major criteria for selection included the number of years of participation in the initiative, perceived willingness to share information openly and the gender of prospective participants. Selection criteria have also taken into account the social background of having experienced Rwanda's violent past as a victim or survivor of the genocide, or as an ex-perpetrator. The study also ensured a sufficient participation of youth in the research".

The initiatives from which the target group members were selected are largely run by NGOs while few of them are coordinated by relevant ministries and government institutions. A designated focal point person in each locality assisted in inviting and setting the venues for the FGDs. The average time for a FGD was two hours.

2.4 Data Collection

Data collection was conducted from March to May 2015. Data was collected by the NAR



A peace agent taking notes during a discussion, 2015.

research team in collaboration with the peace building team. Two teams were involved in this mapping phase, each comprised of a facilitator (researcher), a note-taker and an audio-visual researcher. The teams had a very good understanding of the mapping design and its purpose because they had a leading role in the mapping of actors and approaches exercise since its conception.

2.5 Data Analysis

Consistent with qualitative methods, thematic and content analysis techniques were used to analyse narratives in a process described below:

The analysis started at the same time as the data collection. The research teams would meet immediately after an interview or FGD to identify

and document the common themes emerging from the discussions. This was for the purpose of informing and shaping further questions at the next stage and organizing the data while data collection was ongoing. This modus operandi was helpful in organizing data when it was still fresh and avoiding the accumulation of a huge amount of raw data. Each research team organized regular meetings to reflect on the way forward to be sure it was getting information attuned to the purpose of the study.

These ongoing meetings also allowed to address arising challenges. For example, early on, during the interviews with the organizations, distinctions between an “approach” on one hand and a “tool” on the other needed to be clarified. Late Professor Naasson, psychotherapist, family therapist and the country director of NAR, used his skills and expertise in healing to provide guidance and orientation to the up-coming interviews by reviewing and rephrasing the questions.

The major part of data analysis was carried out after the data collection phase, notably after the transcription of field notes and interviews. After generating themes – following the interview questions (see Appendix A), researchers reviewed the transcripts a second time, underlined phrases and ideas that were significant to the mapping in order to ensure accuracy.

2.6 Ethical Considerations

Discussing healing and reconciliation issues in a post-genocide context can be challenging and involves abiding by ethical principles to ensure that the individuals involved in the study are not harmed by the research.

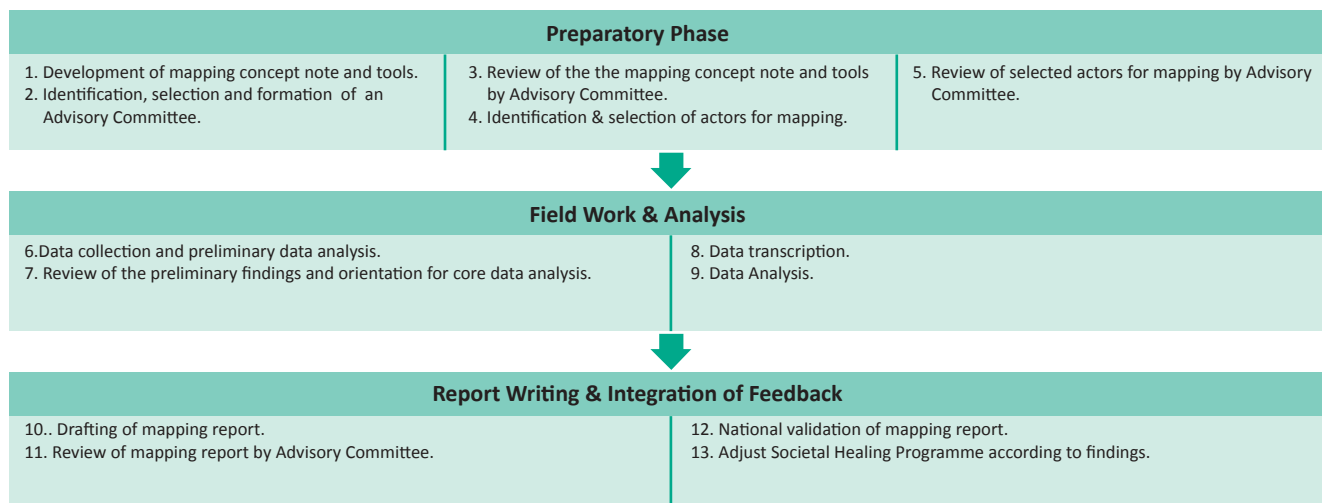
Before going to the field, researchers received guidance in some psychological techniques and psychological support, to ensure that they were equipped with basics that would help in handling people with psychological trauma that might erupt during the interviews.

Verbal consent was always sought from participants after providing them with relevant information about the mapping objectives and what their information would be used for. Similarly, any audio or video recording was done only with the consent of participants. Participants were informed that their participation was voluntary and those who did not feel comfortable could freely withdraw from the discussions. In the same vein, anonymity was granted to all respondents.

2.7 Mapping Procedure

Figure 1 outlines the steps taken in the production, dissemination and application of this mapping report. This process was composed of three major phases: preparatory phase, field work and analysis, and report writing and integration of feedback.

Figure 1 Phases of the Mapping Process



3 Societal Healing and Reconciliation: Concepts & Literature Review

Interventions in societal healing require consultation of relevant literature. Understanding the concepts, related usage and the context in which these concepts originate is key for any intervention. This chapter presents a review of the literature on which the study is based.

3.1 Definition of Key Concepts

This section presents different key concepts, including wounds, healing, societal healing and the continuum between healing and reconciliation, with the aim of understanding the meaning of these concepts, their typology, how they are used and what they mean in various contexts.

3.1.1 Wounds

The term “wound” emerged around the 12th century with a meaning of disruption of normal anatomic structure and function (Lazarus et al., 1994). Wounds can be categorized into physical and non-physical wounds (Weston, 2002). The broadening of the term “wounds” from physical to non-physical in terms of how they cause pain (Dahl, 2009; Spinazzola et al., 2014) allowed for distinctions in the definition of the term: psychological wounds – inflicted on the “psyche” or “social body” – and physical wounds – inflicted on the physical body. Scholars refer to psychological and societal wounds as “unseen or invisible wounds”. Societal wounds go beyond individual wounds resulting from traumatic events. For example, in organized and collective violence such as genocide and wars, thousands of individuals are exposed and resulting consequences will affect the entire community and society rather than an individual (Ajdukovic, 2004).

Munyandamutsa (2015) uses the analogy of a storm to illustrate psychological or societal

wounds. He states that a storm itself cannot be seen but its effects can be observed as the storm thrashes objects around on the ground. Similarly, human suffering is often invisible to the eye but affects mood, thoughts and behaviour which can be externally observed and easily recognized.

For the purposes of this report, psychological wounds are understood as damage to the psychological wellbeing of a person, which is caused by a specific event. An example in the Rwandan context might include a child whose parent was murdered in the genocide. The wound appears psychologically (invisible effects of the wound) at the moment of the killing. As the wound remains unseen and is not being treated, it continues to cause pain that can be expressed through various symptoms, including deep depression, a lack of appetite and a fear of going to community centres to conduct regular day-to-day activities (visible effects of the wound).

In post conflict societies, the wounded population goes beyond survivors to include perpetrators and passive bystanders (Staub, 2003: 8). Those who engaged in or observed atrocities can also be wounded by coming to terms with their actions or their inaction. The author mentions that perpetrators and bystanders often express feelings of guilt related to their participation in violence or their failure to take action to stop.

3.1.2 Healing

According to Hillman (1983), the word “heal” comes from the root “hale” or “whole”, and to heal means to “make whole”. He argues that it is possible that someone can be psychologically fragmented or broken apart as a result of a wound but that fragmentation can be mended to restore the psychological whole.

Similarly, Egnew (2005) states that to be whole

as a person is to be whole “among others”. Egnew explains that psychological conceptions of healing involve reordering an individual’s sense of position in the universe. Egnew defines healing as a process in the evolution of one’s complete personality towards ever greater and more complex wholeness. To become whole again “is to be in relationship to yourself, is to be in relationship to your body, to the culture and significant others. To be whole as a person means to be whole among others, and this wholeness of personhood involves physical, emotional, intellectual, social and spiritual aspects of human experience” (Egnew, 2005).

Similarly, Wilson (2010: 23) describes emotional healing as letting go of all that is not conducive to a positive emotional environment, including fear, longing, anger, resentment and guilt. Healing requires detaching or removing oneself from what is for many people an emotional roller coaster. Healing is a process and a complex concept that requires various interventions.

It should be noted that the use of medical metaphors to enhance the understanding of healing is useful to some extent - but has its limitations. There is a huge variance in the time it takes physical wounds to heal compared with psychological wounds. While there are numerous factors influencing the healing of a fracture, for example sex, ancestry, age of the individual as well as age and location of the fracture, doctors can often provide estimates for recovery. When it comes to psychological wounds, it is almost impossible to make predictions on how long it will take before healing is achieved, let alone assess whether healing has truly occurred or not. For some of those who saw their loved ones butchered by their neighbours, those who saw their relatives killing, those whose relatives are sentenced for their involvement in the 1994 Genocide against the Tutsi, it may take a lifetime to heal the wounds that were caused, while others may achieve healing over the course of a few years. Unlike in physical medicine, there is no single prescription that can work for every individual.

Despite the fact that healing remains a complex concept that is difficult to define, there is a common understanding that it is a necessary process in dealing with traumatic events in order to restore quality of life and good mental health.

3.1.3 Societal Healing

Societal healing is widely presented as an important component of socio-political reconstruction, helping to promote a more peaceable future after violent conflict. Just as buildings may be destroyed in conflict, Jeong and Lerche argue that “hearts and minds are ravaged by war and violence, and their healing is no less critical a need than the reconstruction of burnt out villages” (2002: 329).

In cases of individualized trauma, one person might be a victim of a violent attack, rape or a traffic accident, for instance. In organized and collective violence, such as wars and genocide, thousands of people are exposed collectively to numerous traumatic events with consequences that extend beyond individuals alone (Ajdukovic, 2004). Psychological wounds are found at both the individual and community level, which leads to societal wounds. This implies that the societal healing must adopt multifaceted strategies.

Gutlove and Thompson (2004) describe the necessary reconstruction as follows: “Social reconstruction entails rebuilding the human interactions that allow a society to function. This involves the healing of psychological and social wounds of individuals and society. Psychosocial healing is a process to promote psychological and social health of individuals, families and community groups” (2004: 136). Therefore, post-genocide healing must encompass physical, psychological, social, spiritual and political reconstruction.

Societal healing can be understood as a process in which individuals and the society become healthy again after an event or series of events of extreme violence that occur within a social context (Hamber, 2003: 77). Healing practices put an emphasis on the individual physical and



A Never Again staff explaining the topic of discussion, 2015.

psychological wellbeing but also on facilitating transformation of the social world that created distress in the first place. It involves personal work and collective dialogue around trauma, shame, fear, sadness and violence (Thompson & O’Dea, 2005). Because wounds cannot be seen, treatment and assessing the effectiveness of the treatment involves evaluating factors that can be observed, such as body language, quality of interpersonal relationships of the individual and the manner in which the individual interacts with others in social situations.

A number of scholars and practitioners working in conflict resolution, transformation, development and reconciliation also highlight the central importance of promoting societal healing (Dahl, 2009: 69). However, some have pointed out that the problem of using medical and psychological

language (for example the idea of healing a nation) can lead to simplistic conceptions of what the healing process actually entails. Rebuilding society is different from facilitating psychological recovery at the individual level; it operates on a different continuum and timeframe (Sveaass et al., 2014).

Healing cannot follow a linear trajectory given its contextual complexity (Sveaass et al, 2014). Societal healing requires much more time than individual healing because not only does it involve healing a large number of people who were exposed to a traumatic act, it also involves healing the generations born after genocide or mass violence; those who have inherited the wounds of their parents or grandparents. Old wounds can affect new generations. For instance, children of survivors who were mutilated during the genocide but who were born after 1994 may find it hard

to make sense of the tragedy that disabled their parents and feel anger against those who harmed their parents. Children whose parents committed genocide can grow up facing social consequences of their parents' acts and may experience feelings of shame and guilt that they carry throughout their lives. Given this dynamic of inter-generational wounds, alongside the task of addressing wounds in survivors, perpetrators, bystanders, and the children / grand children of all three categories, societal healing requires multifaceted mechanisms to address the complexities of a wounded society at large.

In summary, societal healing is derived from a vast field including social, cultural, medical and psychological disruption and distress caused by traumatic events such as genocide and war (Waldram, 2014). Societal healing encompasses a complete healing that involves not only a psychological healing but also a restoration of interpersonal relationships in communities that were previously divided. It requires support from all levels of society in order to facilitate the healing of its members and includes community leaders, government institutions and healing actors in the society. This process of healing helps to rebuild trust, promote tolerance of differences and builds a sense of community again, which serves to heal the society as a whole.

3.2 Societal Healing and Reconciliation

Societal healing and reconciliation have been used interchangeably in the post – genocide discourse in Rwanda. These two concepts are defined to disentangle the meaning and their subsequent implications for this study.

3.2.1 Distinguishing between Societal Healing and Reconciliation

The concepts of healing and reconciliation are relatively easy to distinguish because they have different historical and epistemological foundations. Given the medical association with the concept of healing (used with no additional qualification), a clear emphasis is placed on

promoting health and wellbeing. The overall goal of a healing practice is to make an individual healthy again - by improving or restoring the physical, psychological and social dimension of health. The historical background of the most basic concept of healing is found in the fields of medicine, psychiatry, psychotherapy and psychology.

The concept of reconciliation, however, comes from a different background. It emerged from the fields of social psychology, peace building studies, conflict resolution / transformation, political and religious initiatives, and has a different focus than healing. Most authors agree that reconciliation is a process aiming at rebuilding relationships among individuals, groups and societies. With particular regard to society, it is a process through which a society moves from a divided past to a shared future (Fischer, 2013). According to Bloomfield (2006: 12) reconciliation is “a process of gradually (re-)building broad social relationships between communities alienated by sustained and widespread violence, so that over time they can negotiate the realities and compromises of a new, shared socio-political reality”. The focus of reconciliation is largely



Participants of the Peacebuilding Institute discussing healing, 2015.

on rebuilding interactions between conflicting parties and giving societies a chance to operate normally; free of dysfunction.

Reconciliation is considered by some experts as an umbrella term for various approaches established after a conflict to rebuild peace and promote healing. Reconciliation may become a desired goal for its own merits in divided societies. It may also represent a pragmatic way to deal with profound changes involving past injustices in order to build peace, nurture democracy, promote human rights and deliver justice (Barkan & Karn, 2006).

Bloomfield (2006) suggests distinguishing the kind of processes needed for reconciliation at the individual or interpersonal level (bottom-up, subjective and psychological approaches) from the equally important processes of building

“

We learned that a true human being needs to be at peace with oneself and others, *'impagarike'*. And that really touched my heart. I realized I was going the wrong way.

”

working political and social relations at a large scale with political thinkers (top-down).

Healing processes, on the other hand, operate on a smaller scale – individual, interpersonal, intergroup, grass-roots and community level – and have a complementary relationship to top-down, “structural” reconciliation processes which take place within, and are based on, the legitimacy of state-wide institutions. For example, in Rwanda, NURC and local associations, such as AVEGA, Agahozo and Sevota, are most certainly promoting reconciliation but not at the same level and not with the same approaches.

In practice, there is an important continuum between healing and reconciliation. The reduction of suffering associated with wounds at the individual or interpersonal level has a clear influence on how wounded people reconnect with the surrounding environment, including with ex-perpetrators. Therefore, the ability to reconcile is influenced by the way people are overcoming their wounds.

Reconciliation is a relationship-building process while healing is a process aiming at the reduction of the suffering from past experiences, which can include relationship-building, particularly when it comes to the societal level.

When the qualification “societal” is added to the term “healing”, the distinction between healing and reconciliation becomes more nuanced. The concept of societal healing integrates insights from medical-related domains (psychiatry, psychotherapy and psychology) with the socio-political-oriented sciences (sociology, political sciences, peace building, religion and traditional knowledge) and broadens wellbeing to the community level. The aim of societal healing remains the reduction of suffering at the individual and community level but at the community level healing overlaps with the concept of reconciliation – which is also applied to intergroup relations at the community level.

According to Bloomfield (2006) and Fischer (2013), reconciliation and healing are mutually dependent. Healing initiatives need to be part



Participants of a healing initiative by AMI.



Members of a Space for Peace in a discussion, 2015.

of broader reconciliation and reconstruction processes. With regard to the relationship between the concepts of societal healing and reconciliation, the authors suggest a pragmatic understanding of the process of reconciliation that encompasses four main elements: 1) a justice process (punishing past violence, promising fairness in the future and justice reforms according to human rights principles); 2) a process of acknowledging experiences and addressing different interpretations of history; 3) a process of healing, whereby victims repair their lives by coming to terms with their suffering (something straightforward to understand at the individual level but more difficult to define at communal and national levels); and 4) a process of reparation and development (real and / or symbolic compensation) (Bloomfield 2006, Fischer, 2013).

At this level, it is important to highlight the role of justice in societal healing. In the context of post-genocide Rwanda, two forms of justice were utilized to deal with thousands of cases. These include the Gacaca traditional courts and the International Criminal Tribunal for Rwanda (ICTR). While NAR does not use a justice approach to healing, and justice was not in the scope of this research, it is important to be aware of that background so that emerging issues may be handled accordingly.

3.3 Approaches to Healing and Reconciliation: Lessons from Post-Genocide and Post-War Societies

This section endeavours to draw lessons from other post-genocide and post-war societies. It also looks at some policies and programmes that the Government of Rwanda designed as a response to social and psychological problems resulting from the 1994 genocide against Tutsis as well as other structural violence that Rwandans suffered prior to 1994.

Conflicts and violence have been experienced by several countries, which have each addressed the resulting in-country societal issues and have done so with different approaches. Cambodia, Bosnia and Herzegovina and South Africa have been selected as case studies of societies that have experience with societal healing after a violent period. The case studies were chosen based on the nature of the conflict experience, the consequences resulting from the conflict and the approaches used to address the effects.

3.3.1 Cambodia

At the time Cambodia's genocide broke out in 1975, its population was almost eight million. As part of an ideological plan to form a new societal structure similar to communism, the Cambodian

leadership of the day – the Khmer Rouge (KR) regime led by Pot Pol – enforced the relocation of the population from cities to rural areas committing mass human rights abuses including torture and murder over the course of four years. Around 1.7 million people died.

The killings targeted military and police officers, civil servants, teachers, students and intellectuals. Other Cambodians died due to overwork, disease, starvation and malnutrition that came as a consequence of the socio-economic and political changes implemented by the KR regime. Profound psychological wounds and the destruction of education, economic, political, cultural, religious and family structures resulted from the atrocities committed (Kent, 2003; Sen, 2008)

The Importance of Justice in Addressing Cambodian Wounds

Like in any other post-genocide society, Cambodians wanted justice for the atrocities they suffered. Justice, reparation and truth commissions are considered macro mechanisms and are important interventions in addressing wounds resulting from mass political violence (Sveaass et al., 2014). Just as with the mental health services, the establishment of an effective justice sector was delayed. Three decades after the fall of the Pol Pot regime, the Extraordinary Chambers in the Courts of Cambodia (ECCC), also known as the Khmer Rouge tribunal, was officially established. Due to delayed justice, many top Khmer Rouge leaders died without facing trial and the only case that was concluded by 2011 was Case 001; Duch, the former Chairman of the Khmer Rouge S-21 Security Center (Holness & Ramji-Nogales, 2012).

Interestingly, this delayed justice also delayed healing (Sen, 2008). Although the testimonies in the ECCC provided access to truth, which has opened the doors to healing at the macro level, the testimonies did not have immediate effects on individual healing (Sveaass, 2014). This suggests that although justice can help in healing processes, on its own, justice is not enough to fully heal a wounded post-extreme-violence society.

Community Dialogue

Scholars like Holness & Ramji-Nogales (2012) contend that community dialogue in the ECCC trials is very important for the healing of Cambodians. The dialogue mechanism offers individuals the opportunity to engage on the issues raised by the trials and to participate in sharing lived experiences with others from differing villages.

Representatives of communities throughout Cambodia visit the ECCC. They do not interact directly with the tribunal but have the opportunity to learn more about the ECCC and the biographies of defendants at the Documentation Center of Cambodia (DC-Cam). These representatives discuss their experiences together with the aid of a facilitator. Upon returning to their villages, the representatives lead group discussions about the trials. The DC-Cam staff and other experts often attend these forums and help to moderate discussions and the proceedings are filmed.

The aim of these community dialogue meetings is to encourage public dialogue about the losses suffered at the hands of the Khmer Rouge, enabling community members to share their experiences with each other and begin the process of community-wide healing. The lower-level Khmer Rouge cadres living in villages can also share their fear of survivors taking revenge on them and have opportunities to ask for forgiveness (Holness & Ramji-Nogales, 2012).

Commemorative Practices and Memorials

Memorialization is common in post-extreme-violence settings and serves various functions. With regard to healing, memorials can occupy a private sacred space for mourning as a form of symbolic reparations. Memorials also help in terms of creating open discourses and narratives on the past and can be seen as mechanisms attributing communities the right to remember and to move beyond the past. They allow people to forget the past since there is a space and time to remember (Moore, 2009).

In parallel with the ongoing justice process, counselling and mental health services by NGOs, and the revival of religious and traditional practices, Cambodia also built memorials for those killed by the KR regime. This helped to heal social suffering by providing spaces that acknowledged the atrocities that were committed and by allowing the victims the permission to mourn, to remember and to be supported in those activities by the society at large. Memorials at different levels and with different actors (state-sponsored memorials, village sites) were constructed (Guillou, 2012). Commemorative ceremonies are also possible during the annual festival of the dead, the “Pchum Ben” day, or the “Ancestor’s Day” (Agger, 2015: 8), a cultural festival in which Cambodians traditionally come together to dedicate food and offerings to those who have died, believing that the souls of the dead also join them to receive the gifts from their living relatives during the 15-day ritual.

Cambodia’s Road to Recovery

Cambodia’s journey to recovery involves a mixture of justice, community dialogue, memorials and commemorative practices. Yet nearly four decades after the genocide, some authors still come to pessimistic conclusions about the healing process in Cambodia, and claim that many wounds inflicted by the Khmer Rouge regime remain unhealed. Sen (2008) highlights three important reasons for this: a) the shortage and “delayed” delivery of psychological support to Khmer Rouge victims, b) the delayed establishment of the Khmer Rouge Tribunal (the ECCC), and c) the eroded trust between individuals and groups that has not been properly addressed. He argues that when considered collectively, these shortcomings prevent Cambodia and its traumatized people from leaving behind their past experiences in order to prepare themselves for the future.

Despite the above mentioned challenges, there are also signs of hope. A cross-sectional household survey conducted in 2011-2012 with 3’200 randomly selected adults aged 18-

60 found that the rates of psychiatric disorders (depression, PTSD) were relatively low (Cantor-Graae et al., 2014). In a community-based survey conducted a few years later, Mollica et al (2014) established that the post-traumatic stress disorder rate was reducing. This suggests that the effects of trauma and extreme hardship in civilian populations might have been modified by healing efforts, contextual factors and / or the passage of time (Cantor-Graae et al., 2014).

3.3.1 Bosnia and Herzegovina

The breakup of Yugoslavia (which began in 1991) prompted a referendum on succession in the territory of Bosnia and Herzegovina, which sparked violence between the Orthodox Christian Bosnian Serbs – the ethnic group that wished to stay attached to Serbian territory – and those who wished to separate (Bosnian Muslims and Bosnian Croats). Soon after, Bosnian Serbs, assisted by the army, started a campaign of “ethnic cleansing” which put Bosniaks, Bosnian Croats and other ethnic groups in danger (Bell-Fialkoff, 1996).

More than 8’000 Bosniaks (Bosnian Muslims) are reported to have been massacred under the command of the Serb General Ratko Mladić. It is estimated that the overall death toll during the war reached approximately 250’000 (Cehaji et al., 2008) while about 1.3 million people became refugees (Kondylis, 2010). These acts constituted genocide against the Bosnian Muslims and Croats.

Addressing Wounds through a Truth and Reconciliation Commission

In 1997, a project of the Truth and Reconciliation Commission was founded as an international justice mechanism to address the crimes committed in Bosnia and Herzegovina between 1992 and 1995. The main aim of the commission was that people of Bosnia would be exposed “to the ‘different truths’ and to the ‘real truths’ in order to create a ‘common truth.’ By hearing the different stories, individuals will be exposed to other experiences, and suffering and hardships and maybe a common ground can be achieved to create a single truth. A truth commission will

potentially create the opportunity to encourage change at the societal level” (Rathgeber, 2000: 27).

While the commission recorded some successes in exposing Bosnians to a variety of narratives related to the genocide and opened the doors for some degree of healing, it did not have the capacity to reconcile the diverse religious communities, a factor that was perhaps exacerbated by the geo-political boundaries enforced by the Dayton Accords, the peace agreement that put an end to the Bosnian War.

Inter-Communal Dialogues and Community Building

The most complex task in Bosnia and Herzegovina after the war was probably to find ways that would bring Bosnians to face their past as one community and to have people interact to consolidate positive and constructive relationships making it challenging to embrace healing.

Utilising bottom-up approaches, many NGOs carried out inter-community projects aiming at building bridges between Bosnian and Serbian communities. One example of these kind of initiatives is the Project for Dialogue and Community Building for Educators (PDCBE), implemented in two northern towns of Sanski and Prijedor in Bosnia and Herzegovina respectively. Before the war, both towns had ethnically mixed populations. During the war, Prijedor experienced an ethnic cleansing against Muslims and the division of the country after the war left Prijedor in Republika Srpska and Sanski in Bosnia and Herzegovina. From 1997 to 2003, the PDCBE organized dialogues between members of the two communities.

Community dialogues started with women from ethnically diverse backgrounds. Dialogues were also initiated with educators from both communities (three dialogue workshops a year for about 20 participants). The aim was to re-create bonds between people who has been friends, neighbours, colleagues or schoolmates before the war, to strengthen interethnic relationships,

and to share stories about the atrocities they suffered in order to heal the wounds and create a safe place to mourn their beloved ones.

The participants were also taught new concepts during the workshop, such as causes of violence, cycles of revenge, behaviour leading to recovery and reconciliation, conflict mapping, personal responses to conflict, legacies of stereotyping and social change, as well as listening and communication skills.

Inter-ethnic dialogues were reported to be most challenging for the attendees, who remained full of deep suffering and expressed accusation, blame, inappropriate verbal attacks and denial of what the other communities were saying. The dialogues were also difficult for the mediators who tried to promote constructive relationships between the participants, and the safety of the dialogues was threatened. Mediators later observed a change of attitude among participants and the project was recognized as successful (Oliva, 2011).

Inter-Religious Dialogue and Faith Community Dialogue

Inter-religious dialogue and faith community dialogue was designed as one of the responses to address the past since a significant dimension of the conflict in Bosnia and Herzegovina was based on religious differences. Before the war, religion was a divisive factor when it came to identity. Even though links among the Serbian Orthodox, Catholic and Muslim communities had existed, they were heavily damaged during and after the war. The religious cleavage was a defining part of the conflict but at the same time efforts of reconciling the different religious groups also contributed to a rapprochement of the population. NGOs with religious affiliations were considered potentially strong connectors of people both within and between communities (Brajović, 2006; Oliva, 2011).

Several initiatives were created in the hope of rebuilding bonds between divided religious communities, including the International Multireligious and Intercultural Centre (IMIC)

that initiated inter-religious dialogue between Christian priests and Muslim imams in northern Bosnia, playing a key role in getting communities together (Oliva, 2011).

Another local association called Abraham, primarily made up of theology students, combined aspects of religion, healing and reconciliation. Relying on shared spiritual values around the biblical personality of Abraham (or Ibrahim), they conveyed in monthly dialogue sessions with members of the three Abrahamic religions: Judaism, Christianity (Orthodox, Catholic and Protestant) and Islam. The encounters were organized around shared spiritual values; debates on sensitive disputed issues; the interaction between religious, ethnic, national, social and political groups in Bosnia; mutual assistance in overcoming the wounds of both personal and collective past (called “curing bad memories”); and the promotion of the process of reconciliation (Brajović, 2006). One dialogue exchange programme brought together young religious and community leaders from Bosniak, Bosnian Serb and Bosnian Croat communities – empowering them to promote dialogue and build tolerance among youth of different faiths in their local communities. The resulting impact was that participating communities improved tolerance and pacific cohabitation.

Counselling and Small Groups Approach to Healing

Bosnia and Herzegovina also addressed wounds through individual counselling. The Kvinna till Kvinna Foundation opened five centres around the country to provide healing to women wounded by the ethnic cleansing. Counselling and psychosocial models of healing implemented at these centres were based on small group work. This approach was geared to help women process their traumas and help them regain their strength so that they could reconnect and



There is no shortcut or simple prescription for healing the wounds and divisions of a society in the aftermath of sustained violence.

Archbishop Desmond Tutu



rebuild their society. The basic postulation is that what happens in the small surrounding society is infinitely affecting the healing process at large (Weston, 2001; 2002). These women participated in four main activities designed by the centres:

- **Psychosocial support groups:** The first project that the foundation implemented were meeting places where women could meet, process their devastating memories in trauma groups and start to rebuild their trust in others. These groups met twice a week for 1 1/2 hours. Often they had a topic of the day and they also provided relaxation exercises and a warm sense of community where women could laugh and find some relief from their plight. Some groups were led by psychologists, others by trained staff or non-trained women from the community.
- **Individual sessions:** Psychosocial support groups at the centres were the base mechanism for handling wounds but around a quarter of the women reported unbearable symptoms, such as strong flashbacks, and needed more help to process their traumatic experiences than the group provided. Access to more professional trauma therapies as a backup was thus offered at the centres. Centres without the trauma psychological framework necessary to help traumatized women would refer cases to hospitals.
- **Activities aimed at empowering women:** Empowerment was envisioned as a means to deal with feelings of victimization. The use of varied types of support made it easier for women to come to the centres. The centres identified popular domains that participants would find helpful in their daily lives. Empowering activities (for example hairdressing, tailoring, office work through typing and computer skills and nursery work) were used in order to strengthen the competences of women so that they could have better opportunities in the job market and

a better chance of becoming self-sufficient, as well as to provide a distraction from their worries and help to give them hope for the future.

- **Rebuilding social connections in the local community:** Empowered by their own experiences from support groups, the women were encouraged to reach out in their communities outside of the centre, especially those living in rural areas. The restoration of a trustworthy community was expected to have a healing effect for citizens of war-torn societies.

3.3.2 South Africa

South Africa is an African country that experienced a brutal system of apartheid from 1948 to 1994 in which legal racial segregation was enforced with the effect of privileging whites above all other races, most notably blacks but also people defined by the state as “coloured” and “Indian”. Throughout the apartheid era, and particularly in the late 1980s and early 1990s when violence escalated as a form of resistance to the apartheid system, thousands of people were killed and the population at large experienced gross human rights violations at the hands of the government (Truth and Reconciliation Commission of South Africa Report, 1998).

One of the ways in which South Africa dealt with wounds resulting from apartheid era was through the Truth and Reconciliation Commission (TRC). The TRC was established to forge healing and social cohesion with three main tasks: gather evidences about the nature and causes of apartheid crimes; grant amnesty to perpetrators who fully disclosed their participation in the atrocities; and make recommendations for the compensation of victims (Le Grange, 2013).

Interestingly, the main goal of South Africa’s TRC was to explore the power of forgiveness and truth in healing the wounds of the past. For South Africans, forgiveness meant to deal with hate ideology instilled by apartheid planners - and punishment did not play a central role in the commission.

Part of revealing the truth about the atrocities committed involved gathering evidence and uncovering information from both victims and perpetrators, and not prosecuting individuals for past crimes. Witnesses who were identified as victims of gross human rights violations were invited to give statements about their experience and some were selected to testify at public hearings. Perpetrators of violence could also give testimony and request amnesty from both civil and criminal prosecution.

However, truth commissions are not always about the simple collection of historical facts but about bringing justice for the crimes committed. The South African TRC was criticized for having put such a strong emphasis on reconciliation. Critics said it pressured South Africans to forget the past and overlook its many injustices, and noted that the strong emphasis on amnesty shifted the focus to the actions of individuals rather than on the effects of the apartheid system as a whole.

Despite its shortcomings, the TRC helped reveal numerous gross human rights abuses of the apartheid regime and achieved a good measure of social reconciliation. Its lessons to the world in terms of conflict resolution were profound and the entire process had a liberating, healing effect that enabled the country to transcend the violence and bitterness of the apartheid years.

3.3.3 Summary of Case Studies

The experiences of post-extreme-violence countries reviewed in this study demonstrate that interventions in societal healing must be tailored to the unique context of the violence that occurred. Interventions must take historical, cultural and societal factors into consideration when developing approaches.

Lessons from these countries reveal that there is no one-size-fits-all approach or theory for healing. Tools and techniques that worked in one country may or may not work in another (Sveaass et al., 2014: 81). Still, some common approaches were successful across diverse post-genocide societies. While the cases discussed above are very different in terms of context, severity and the length of the

traumatic events, truth-seeking about what had happened was highlighted as a common need in post-extreme-violence societies.

Truth is often considered as a key ingredient to healing. Sentama (2009: 45) argues that truth-telling goes hand in hand with post-conflict peace building. He states that some kind of formal acknowledgement of the past is essential for achieving lasting “self-enforcing” peace in previously war-torn states. Truth-telling / -seeking is increasingly considered a necessary, if not vital, component of the peace building process, as was evidenced in Cambodia, Bosnia

and Herzegovina and South Africa. For example, Bloomfield et al. (2003: 21) indicate that truth-telling creates objective opportunities for people to see the past in terms of shared suffering and collective responsibility.

All in all, it is clear that addressing societal wounds resulting from genocide is a complex and context – specific endeavour. NAR learns from this so as to be cautious about the strategies put in place, and be ready to learn further for adaptation and improvement of its interventions.



Apartheid museum in Jourhanesbourg, South Africa.

4 Analysis of Findings - Societal Healing efforts in Rwanda: Actors and Approaches

As a first step in understanding the societal healing landscape in Rwanda, this chapter provides information about actors, approach interventions, lessons learned as well as opportunities for strategic partnerships in the implementation of a Societal Healing programme. The results presented in this chapter are a direct result of the research process and reflect the perceptions and experiences of those consulted for the study. A discussion and interpretation of this material is provided in Chapter Five.

4.1 Institutions, Organizations and Initiatives engaged in Societal Healing: An Overview

This mapping of actors and approaches included a limited number of institutions; NAR chose to map 45 initiatives whose work is carried out in the Northern, Southern, Western and Eastern provinces of Rwanda and in Kigali city. Many of the mapped actors have head offices in Kigali.

In addition to consulting the staff and leadership of institutions and organizations, the researchers interviewed constituents of selected initiatives from Nyarugenge, Kicukiro, Bugesera, Rwamagana, Kamonyi, Huye, Gisagara, Rusizi, Rubavu and Gicumbi. 21 percent of those mapped belong to the Rwandan government, public institutions whose work is related to societal healing, and 79 percent were from NGOs whose mandate or daily activities are related to societal healing. Of these NGOs, 6 are international while 31 are national. Gender was relatively balanced, with 49.2 percent of respondents being female and 50.8 percent male.

4.1.1 Target Groups of Societal Healing Initiatives

The organizations and institutions consulted for this report work with genocide survivors, perpetrators, youth (both schooling and non-schooling), and women raped during the genocide, demobilized soldiers, orphaned youth survivors

and children born of rape. It is important to note that there is a primary focus in this mapping on the 1994 genocide against Tutsis. The majority of the mapped initiatives address genocide-related issues Figure 2.

4.1.2 Categories of Actors

This report categorizes actors working in societal healing in Rwanda into three categories: government institutions, international organizations and civil society organizations. A list of these actors has been compiled in Table 1. The table has been colour coded as follows: actors operating in the Western province have been labelled in blue, yellow shows actors in the Northern Province, red indicates those in the Eastern Province, purple for those in the Southern Province and green for those operating in the city of Kigali.

Actors from the various provinces operate in different districts within each province; however, for the sake of clarity, they have been presented according to the province in which they operate. Table 1 also presents the principal approach used and the target group of those approaches. Note that all public institutions and ministries intervene in all provinces across the country and that all interventions documented below are focused on societal healing.

Governmental institutions take the lead in the design of societal healing and reconciliation policies, coordination and orientation of other actors working in the field. Primary responsibility for these activities lies with three government ministries – the Ministry of Health, the Ministry of Gender and Family Promotion and the Ministry of Justice, – and five government institutions – the Commission for the Fight against Genocide (CNLG), the Fond d'Assistance des Rescapés du Genocide (FARG), the NURC, the Rwanda Demobilization and Reintegration Commission (RDRC), and the Ombudsman Office.

All the government institutions that were mapped reported that they have been established by the Rwandan government as a response to the 1994 Genocide against Tutsi. For example, FARG was established through the Ministry of Local Government to provide psychological, moral and economic support to restore human dignity and rights that survivors have been deprived of during genocide.

The NURC was consulted based on its mission to “promote unity, reconciliation, and social cohesion among Rwandans” and more specifically because of its peace building and reconciliation programme. NURC is reported to use a community approach. In INGANDO (“solidarity camps”), NURC promotes the principles of peaceful coexistence, tolerance and good governance. These camps, according to NURC, are meant to bring together different groups of people, namely youth, teachers, government workers, doctors and former refugees who returned to the country.

International organizations focus on the concrete implementation of societal healing and reconciliation activities with specific community members, groups and individuals alike. International NGOs reported that their work in healing concentrates more on supporting psychological interventions in Rwanda. For example, World Vision supported the Healing, Peace building and Reconciliation (HPR) programme, which targeted orphans, child-headed households, widows and genocide survivors. The programme provided skills trainings to local NGOs in order to ensure that healing was promoted within the community.

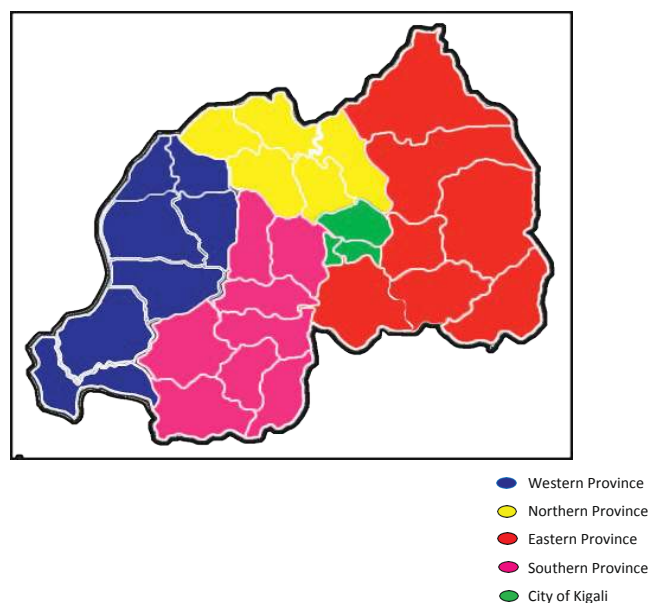
National non-governmental organizations differ from international NGOs, primarily in their level of operation and their location base. The organizations categorized as national were founded and are based in Rwanda and they are mainly operated by Rwandans. Most of the activities of the organizations in this category are related to healing, while some focus on reconciliation. National organizations were

established to respond to the consequences of the 1994 Genocide and the majority of their work relates to that event and its effects on the population.

Before entering into a discussion about how the consulted initiatives interpret the conceptual framework of societal healing in Rwanda, and what approaches they use, Table 1 provides a complete list of the organizations consulted, including information on the approaches and methods used as well as the target groups of the mapped organizations.

The organizations in the table represent those that conduct work in healing, reconciliation and peace building; however, the data presented does not specify which actors conduct primarily healing initiatives, which ones focus on reconciliation work and what actors emphasize peace building. The reason for not distinguishing the activities’ primary mission is their interconnected nature of engagement. As NAR was interested in learning lessons from the work being done and due to the crossover between all three domains - whether their work was in healing, reconciliation or peace building - all organizations consulted had valuable lessons to share.

Figure 2 Institutions and Organizations Engaged in Healing, Reconciliation and Peace building



Actors	Primary Target Group	Approach ¹	Geographical Area of Intervention				
Public Institutions & Ministries			East	North	West	South	City of Kigali
MoH	Community members	Community					
MINIJUST	Community members	Community					
MIGEPROF	Community members	Community					
NURC	Community members	Community					
FARG	Genocide survivors	Group					
Office of the Ombudsman	Community members	Community					
RDRC	Community members	Community					
CNLG	Community members	Community					
International Organizations							
Search for Common Ground	Community members	Community					
World Vision	Community members	Group					
Aegis Trust	Community members	Community					
Handicap International	Community members	Community					
International Alert	Community members	Holistic					
Survivor's Fund	Genocide survivors	Group					
National Organizations							
Ibuka	Genocide survivors	Group					
Avega Agahozo	Widows of genocide	Group					
AERG	Genocide survivors	Group					
Unity Club	Community members	Community					
Terintambwe	Women	Group					
Centre Igiti cy'Ubugingo	Women & Youth	Group					
Uyisenga n'Imanzi	Youth	Group					
Duhozanye (for youth)	Youth	Group					
Duhozanye (for women) ²	Widows of genocide	Group					
Icyizere	Youth	Group					
Ubutwaribwokuba Ho	Community members	Community					
Umuseke	Community members	Community					
Ihumure Peace Organization	Community members	Community					
Solace Ministries	Community members	Group					
Sevota	Women	Group					
Haguruka	Women	Group					
AMI	Community members	Group					
CARSA	Community members	Group					
Prison Fellowship	Community members	Group					
ARCT Ruhuka	Community members	Group					
SEP	Community members	Community					
HROC	Community members	Group					
Radio la Benevolencia	Community members	Community					
AEE	Community members	Community					
ALARM	Community members	Community					
AEBR	Community members	Community					
Isanamitima n'Irema Miryango	Community members	Community					
Kanyarwanda	Women survivors	Group					
Imbaduko	Genocide survivors	Group					
Pariose Mushaka	Community members	Group					
Peace and Justice Commission	Community members	Community					
Total:	45		28	30	31	38	30

(Footnotes)

- 1 This chart describes the principal approach used by the organizations consulted for this report. However, it is important to note that many of them use more than one approach in their healing, reconciliation and peacebuilding interventions.
- 2 Duhozanye (for youth) and Duhozanye (for women) have the same name but are different organizations with no affiliation.

4.2 Mapping Societal Wounds in Rwanda: An Overview

This mapping of societal wounds has emerged from data collected and analyzed. The presented categories correspond to the analysis and the priorities of those consulted. The list includes refugee related, genocide related, and other categories.

4.2.1 Refugee-Related Wounds

Actors interviewed for the mapping believe that current wounds in Rwandan society may be the result from the legacy of extreme political violence that characterized Rwandan history for generations. An individual interview with a woman who was victim of structural violence revealed that wounds cannot easily elapse with time: “A wound never dies. You can never forget that you lost children and parents. You only develop resilient coping mechanisms for life to go on (ugerageza kwihendahenda).”

Authors like de Vulpian (2004) show how a first wave of Rwandan refugees were forced into exile in different countries in the regional and other countries outside Africa in 1959 and 1973 and returned after 1994 after over 30 years. There were also additional groups of refugees created by the 1994 genocide, which resulted in different wounds. All these traumatic events experienced by Rwandan refugees had physical, social, economic as well psychological aspects.

Irrespective of the time period, most refugees experienced deprivation of basic needs. In some cases, malnutrition or poor living conditions occasioned death of their loved ones. Some experienced forced separation from their family members, and mothers were robbed and threatened.

Living in asylum was especially difficult for Rwandan refugee children who were not accepted in the higher education system because of their status, especially those who were in neighbouring countries. As a response, Rwandan refugee students changed their names into the hosting country names so that they could benefit from higher education. Refugees in different countries were deprived of

their fundamental rights and their dignity was diminished. The younger generation was reported to have faced stigma and discrimination. Many did not have equal rights to education nor jobs in foreign countries.

In the recently conducted study on land, identity manipulation and population movements, NAR and Interpeace (2015) observe that in DRC’s North Kivu, in the early 1990’s violent land conflict started amongst other reasons because of the presence of “rwandophones” there. The history evidences that interethnic conflicts started in 1993 in Masisi which opposed the Hunde and Banyarwanda (Hutu and Tutsi), thus causing thousands of deaths and long standing wounds.

Another wound expressed by individuals who have been refugees for more than thirty years was that of being forced to leave their homeland, not being able to speak their language and missing their culture, particularly when bringing up their own children. (“*Kutagira igihugu nicyo gikomere cyambere*”). Refugees were neither allowed to go back nor enjoy full rights in host countries. In response to that, some Rwandans – especially the youth with support from their parents – decided to go back to their country. For some this meant involvements in a military struggle in the war of 1990, which led to loss of lives.

4.2.2 Genocide-Related Wounds

When genocide or a conflict is over, different categories of people in post-genocide countries face consequences that endure well beyond the mass violence. The organizations and participants consulted for this mapping study reported a number of long-lasting wounds resulting from the 1994 Genocide against Tutsi on the side of the victims, survivors, perpetrators, women and the youth as well as their family members.

Loss of Loved Ones and Incomplete Mourning

Many genocide survivors have not progressed through the mourning process often because they did not get the bodies of their loved ones or could not bury these bodies in a dignified manner. These factors made it difficult for such survivors

to accept that their loved ones were killed, which complicates the healing process. One of the survivors consulted for this study expressed it as follows: “I cannot accept that they died, you keep waiting and whenever you look at the people who look like them, you tend not to believe that they are dead”.

Rape

Rape was used during the genocide as a weapon of war. It was part of a plan to deliberately inflict psychological and physical pain, in some cases to damage women and girls to the point that they could not bear children and in others to force women and girls to bear children conceived through an atrocious human rights violation. While the act of rape itself wounded many women and girls, the aftermath also caused wounds.

For instance, women who were infected with HIV as a result of rape reported to feel wounded. Women and the children born of rape who faced social stigma as a result were wounded (see “Stigmatization” below). Women whose rape was disclosed to their communities without their consent could become wounded further. Rape also has a tendency to wound the families of the victims as well as their communities and families who can be torn apart by those actions (Kantengwa, 2014).

Wounds can also be caused by bystanders of violence when survivors do not receive any assistance from community members.

Labelling and Stigmatization

Names associated with one’s experience with genocide were reported to stigmatize some groups of people and wound them. Names like “orphan”, “perpetrator”, “widower”, “raped woman”, “child born of rape” and “incike” (a term used to refer to a lone survivor, specifically one who is old and completely isolated) can be particularly hurtful.

In most cases, such names replace the multiple identities that everyone has (i.e. mother, wife, entrepreneur, sister, niece or community leader) and places survivors into a victimhood identity. Some people who are labelled in this way say they have not been able to distance themselves from such identities, which causes them frustration.

An orphaned genocide survivor expressed himself as follows: “I feel wounded when I am always named a person ‘ukwiye gufashwa’; sometimes this is associated with stigma”. ‘Ukwiye gufashwa’ is a stigmatizing term to refer to a person who receives assistance from the government and implies that they are lazy or incapable of taking care of themselves.

Such identity threats may cause individuals to lack a sense of belonging. According to the interviewees, a sense of belonging is a human need, just like the need for food and shelter. In order to cope with intensely painful emotions, people need to feel that they belong to a certain group or society. A sense of belonging provides a meaning that can lead to healing. In this case, the Genocide against Tutsi and the previous traumatic events in Rwanda were reported to have destroyed the links that bound Rwandans to each other. Children born of rape who experience social stigma and feel they don’t belong to any group were reported to experience these symptoms. This was said to be a hindrance to development. Even when development does happen, such children are not able to embrace their personal growth. In addition to the broader problems noted above, children born of rape also reported fractured relationships.

Loss of Identity

Mukashema (2010) postulates that at the end of every conflict, perpetrators face the threat of losing part of their identity as moral people. Being solely identified as someone who committed genocide crimes can take away from an individual’s multiple identities, which can include both positive and negative aspects. In other words, their identity is limited to that of being a “bad” person. This wound was described by an ex-perpetrator

who served his time in prison and has since been released back into his community. The man grappled feelings of remorse and shame for his actions, particularly when, while he was in jail, he came to terms with the crimes he committed: “I felt something inside me, a pressure building in my chest and in my stomach. It was my guilt, my grief and my depression.” The man expressed that it was a turning point for him when he was given the opportunity to do good in his community, when he made payments to the families he harmed and then went beyond that to try to help his community as a whole. He was able to recover a part of his identity – the part of him that was a good person: “I am now called ‘imboni’ [a person with leadership responsibilities in a community]. That has given me confidence and self-esteem.”

Other examples of loss of identity can be found in children from “mixed” families who come to terms with their ethnic affiliations once they are adults. This has a considerable impact on how they will interact with others. Children born of mixed Hutu-Tutsi families may live with major problems related to their sense of belonging. In many cases, family members on one side killed family members on the other side, which can be a very difficult reality to grapple with. Whether they come from families in which one parent murdered the other or in which the family survived together, they may face a confusion of identity. On the one hand, they are associated with perpetrators and on the other with victims.

Nevertheless, “mixed” children are the offspring of both parents. This can result in children feeling a lack of acceptance from both sides of their family. For instance, if a child from a “mixed” family considers attending a commemoration ceremony for a family member, they may opt to exclude themselves from the event because of their association with perpetrators as a “mixed” child.

One young woman who was born of rape expressed that she avoids memorial sites and commemoration practices because of her identity as a mixed child. Although she is aware that her father was a perpetrator, she said that she doesn’t want to hear others talk about the crimes that

he committed in a public forum and therefore excludes herself from these places.

Transferred Guilt and witnessing violence firsthand

Wounds can also stem from being a child of a perpetrator and having to pay for what a parent did during genocide. Children whose parents destroyed properties during the genocide are obliged to pay for the losses.

In cases where parents, spouses, siblings or children have committed genocide, other family members hold “icyasha” (translates loosely to an unwanted stain, in other words, guilt that is transferred from one relative to another), which creates an identity threat.

Relatives of bystanders of the genocide can also experience transferred guilt for the failure of their relatives to act. For example, children of bystander parents may be confronted by others, who might ask them why their parents stood by while others were killed.

The wounds associated with witnessing violence first hand have also been suggested by participants. When General Romeo Dallaire wrote *Shaking Hands with the Devil*, he documented his traumatising experiences of witnessing violence yet he was not in a position to intervene. Like General Dallaire, children, parents and relatives of genocide perpetrators who saw them committing genocide and violence that preceded it.

4.2.3 Other Wounds

During the FGDs in Rugerero and Rubavu, participants mentioned the usefulness of counselling and trainings to address a broader range of wounds. These approaches do not only focus on wounds resulting from genocide but problems that could cause wounds to Rwandans in general. Prima facie, these wounds are isolated. However, narratives from actors suggested that wounds from the past political violence and the 1994 genocide against the Tutsi can largely explain what is happening today. The youth, men and women are abusing drugs, perpetrators and victims of domestic violence as a prolongation of wounds. As such, a comprehensive intervention

geared towards empowering the youth needs to be aware of those possible linkages.

This section presents and discusses types of wounds in post genocide Rwanda. These include wounds from the past history, those related to genocide as well as those dubbed others, which are believed to be connected to other types of wounds especially those related to the 1994 genocide against the Tutsi. NAR and other actors may find it important to use these categories of wounds as they design their interventions.

4.3 Societal Healing from the point of view of participants: Key Concepts

“An exploration of societal healing in Rwanda requires first an understanding of the general context in which social turmoil transpired - when and for how long Rwanda underwent societal damage.” – Key Informant interviewed

This section discusses the ways in which societal healing is understood in the Rwandan context. It focuses on the relationship between societal healing and reconciliation, the spectrum of societal wounds that various initiatives work on as well as the target groups of societal healing initiatives.

4.3.1 Societal Healing and Reconciliation

It is necessary to understand how “societal healing” and “reconciliation” are conceptualized in Rwandan practice and to comprehend their relationship. While the international peacekeeping community and genocide scholars attempt to distinguish between the two concepts, the beneficiaries of different initiatives consulted could not reach consensus when it came to making a clear distinction between the two terms. Resource persons – made up of employees of different organizations – say that the confusion is due to the loose manner in which they are used. Rather than a clear conceptual division, societal healing and reconciliation were seen as part of a continuum, and it is difficult to distinguish between them. Notwithstanding potential conceptual ambiguity, different interlocutors stressed the importance

of reconciliation and societal healing to Rwanda, particularly in the post-genocide context.

Resource persons said they appreciated the Government of Rwanda for having designed policies and for providing a framework for reconciliation to operate. Reconciliation, as a concept, was considered by those consulted as an umbrella term encompassing important mechanisms that deal with post-genocide issues, including re-establishing communities that are made up of survivors and perpetrators – in other words, diverse communities that cohabitate.

However, many resource persons noted that there was a greater focus on reconciliation (or cohabitation) than on healing and, while Rwandans have made great strides in terms of reconciling – in many cases because they were in situations where they had no other option but to live beside those who committed crimes against them – Rwandan society still has a long way to go to move from cohabitation to full reconciliation. They stressed the importance of focusing on societal healing as a prerequisite to this long process of reconciliation.

The resource persons stressed the importance of the societal element of healing. One source said “healing is not a personal issue”, calling attention to the way healing becomes based upon societal interaction and relationship-building. Interviewees unanimously expressed that societal healing is a process, involving different elements and stages over a long period of time. A coordinator of Association Modeste et Innocent (AMI) defined healing as follows: “*Healing ni ibikorwa cyangwa isakazabitekerezo bituma umutima usubira mu gitereko n’ibitekerezo bidahumanya ubwonko* [a set of activities that are intended to promote healing and the expression of ideas that promote healthy thinking.]” In reference to post-genocide Rwanda, interviewees defined societal healing as a process that restores inter-communal relations after genocide, helps to rebuild torn-up relations and promotes human interactions that allow a society to function.

4.4 Approaches used in Societal Healing

Data indicates that there are four ways through which all institutions and organizations consulted work with the target groups: individual, community, group and thematically holistic approaches.

This section explores the current approaches used in societal healing in Rwanda and outlines the various tools used with each approach. It also analyses the strengths and weaknesses of the four approaches and attempts to draw lessons from the experiences of actors and beneficiaries who were involved in these initiatives.

The majority of the initiatives consulted use a combination of different approaches, with group as the most commonly used approach.

4.4.1 Individual Approach

The individual approach was described by actors interviewed as the first step to healing. It builds trust and provides safe spaces supervised or

facilitated by a professional counsellor, especially for individuals who are not comfortable sharing their stories with others or in groups. This approach focuses on psychological tasks to manage conflict-related wounds / consequences such as post-traumatic stress disorder, depression and anxiety. The individual approach was also reported to help participants regain their strength after conflicts and to help them reconnect with groups to which they belong as well as their society at large.

The individual approach is not applied by healing actors in Rwanda as a standalone approach. It is typically used alongside another approach, such as group or community, when an individual has psychological needs that require special attention. Healing actors said that the individual approach can be particularly useful for people experiencing unbearable effects of wounds that interfere with a normal state of life, such as flashbacks and severe depression that require individually tailored psychological assistance.



Two members of a youth Space for Peace exchange ideas with a Never Again Rwanda staff, 2015.

Regarding the main goal of the individual approach, one psychosocial counsellor explained: “During individual sessions, people have the opportunity to talk about their traumatic experiences and anything else they want to talk about. The sessions do not help them to forget their wounding experiences - but rather to consider the wounding event as something bad that happened in the past; not as something that should prevent them from progressing with work, socialization or study.”

This approach was used by a number of organizations interviewed, including Avega Agahozo. Due to the kinds of groups they work with, they explained that they incorporated individual counselling – so that the relationship an individual has with the counsellor would help build other relationships with the group – in conjunction with the group approach.

The overall goal of the individual approach among healing actors is to encourage those whose healing process started first with individual sessions to gather courage to join groups / associations in order to share their stories and support one another in the process.

This importance of the individual approach as the first step to healing was also highlighted by a group of beneficiaries interviewed in a FGD. A participant in a discussion in Nyarugenge district narrated her experience with the approach: “When I first joined the group I wanted to be in a quiet place and I isolated myself from the rest of the group members. I attended a few sessions but I still didn’t feel comfortable enough to open up and share my experience with other group members. I spoke to the facilitator and requested to have individual sessions with her. After the individual sessions, I felt relieved and a heavy burden had been lifted off my shoulders. As a result of these individual sessions I gained the courage to reconnect with the group.”

When asked about the benefits of the individual approach, there was a consensus that healing starts with the individual and then moves to the larger society; an interpretation that does not minimize the need for societal healing

as well. Conflict or isolation is a symptom many traumatized people exhibit due to the dehumanization they experienced. Even if people are provided support in groups, healing must begin at the individual level.

As one interviewee put it: “Twagiye dufasha abantu kugira umurindankuba utuma bamenya kwirwanaho igihe batewe [We trained our beneficiaries on an individual level to develop emotional shields for whenever they encounter traumatic reminders and social stigma.]”

It was also noted that the individual approach takes a long time and does not provide individuals with immediate benefits. It can take a while before someone is able to participate in group or community-based approaches; however, this constitutes the end goal. This was emphasized by a psychotherapist interviewed who said: “A person does not live in an isolated environment.” Furthermore, and most certainly in the Rwandan context where genocide has affected millions of people, the individual approach is not considered a cost-effective or very practical approach because one-on-one healing simply cannot reach all those affected.

4.4.2 Group Approach

“What genocide and other traumatic events do to survivors is to isolate them in quiet places. The group approach aims at restoring such loss.”
– Psychotherapist

The group approach is a healing intervention that brings together groups of people based on similar wounding experiences. It places an emphasis on sharing testimonies in a non-judgmental, accepting and confidential environment. When testimonies are shared, the group approach serves to psychologically support the individual who is sharing, accept their experiences and demonstrate empathy for that individual in order to promote healing.

The overall goal and impact of the group approach is to restore relationships and establish a sense of belonging among people who lost

their family members, those who live alone and those who simply have isolated themselves due to the wounds they endured. The group approach focuses on minimizing isolation to the extent that group members often feel like members of a family. Actors' experiences suggest that the group has potential to relieve emotional burden of traumatic experiences, affirm one's own dignity and respect, build lasting support between people, which eventually pave a foundation for reconciliation and peace.

There are various types of groups that operate under this approach, as summarised below:

- **Psycho-social support groups** offer participants the opportunity to both emotionally and materially support one another. This type of support reduces feelings of isolation and offers spaces for beneficiaries to speak about their traumatic experiences. It also promotes healthy coping strategies to deal with traumatic memories as well as daily life challenges the group members may encounter.
- **Psychotherapy groups** were described by actors mapped as interventions that focus on psychologically-based problems. These kinds of groups are usually facilitated by professionals, such as psychologists and psychotherapists, and they aim to provide therapeutic benefits.
- **Psycho-educational groups** are educational groups that help their members to learn about specific topics or issues, usually related to genocide and / or conflict. They have a preventative aspect in terms of educating members about the causes of violent conflict and how to deal with issues in peaceful ways. The groups may also help members in coping with a common issue through sharing of experiences. This type of group approach does not usually operate in a standalone capacity.
- **Support groups and self-help groups** deal with specific issues intended to provide support, comfort and connectedness among their members. They can also

work towards restoring interpersonal relationships in divided societies. These groups do not necessarily have a formally trained group leader but members help and support one another to promote a sense of belonging.

The group approach is often carried out by taking into account homogeneous groups of people, in other words, groups that share common characteristics among their members. Common characteristics may include categories such as being mothers, belonging to the same religion or community, groups of youth or rape survivors. Even if there are big differences among group members, shared characteristics can be a starting point for getting to know others within the group.

The group approach also encourages sharing testimonies, whereby people talk about their painful memories to help them overcome avoidance or the burden of secrecy they previously felt forced to carry. One of the beneficiaries from an FGD in Huye district reported:

“Before I joined the group I thought that I was the only one who had problems. I not only felt lonely, I became aggressive towards those who tried to help me. When I joined the group I realized that I was not alone, there were people who had problems worse than mine – the only difference was that they had learned to cope with their problems and help each other to find solutions.”

Healing initiatives using the group approach do so mostly to bring together groups sharing common or similar problems. Meeting as a group composed of people with similar problems helps people to share their traumatic stories and feel understood, to accept their past and feel better because they realize that they are not alone with their suffering. This approach was reported to be powerful because individuals in these groups are at different stages of healing and the presence of those who have overcome certain obstacles can help others gain perspective on how progress towards healing is possible.

Organizations using the group approach reported that to achieve any progress, there is a need to establish safe spaces for group members. This safety, according to those actors, are places in which group members feel comfortable opening up with each other and where there is a guarantee of confidentiality for all who share their feelings and stories. Actors employing the group approach reported that it is important to define meeting places where members process their traumatic memories because it is the way in which they build trust in other group members and it is helpful in securing a long-term membership of beneficiaries.

Actors whose activities in healing started in 1997 provided insights that in most groups, the traumatic memories resulting from genocide and mourning were the main focus of psychosocial support groups. A woman survivor of genocide interviewed for this mapping study described her experience with this type of group: “I remember the first time I joined the group, I found other women who suffered the same experience as mine. When I started to open up about my experience to them, I could observe that they easily understood what I said and they were so compassionate. That supported me emotionally and I felt released of my frozen emotions.”

Emotional support from the group members was not only important for women but also for orphaned youth survivors of the genocide. A youth survivor interviewed in a FGD in the Northern Province described the emotional support she received from family-like structures of which orphans became members after the genocide: “I am a member of AERG at school and I play the role of a father in the Duhozanye family in my community. Both AERG and the Duhozanye association made a difference in my life. I look happy and people might not know where this comes from. I benefited a lot from family-like structures like AERG; when I feel troubled, I can go to another family and get advice from my colleagues. Responsible parents in our association play a key role in our lives. These are the people we have to report to, especially at the

end of the semester at school. I have to show my report card to them. They encourage me and provide me with advice. Kandi ibyo biziba icyuho cyababyeyi nabuze muri Jenocide [This family structure helps to fill the void left after my parents were killed in the genocide.]” Members of such associations expressed the benefits like advice and discipline for those who might have gone astray.

Apart from ensuring groups are made up of members who experienced similar wounding events, actors reported other activities performed in groups that tied and promoted a sense of belonging. One of the actors said: “So as to ensure that the group would not become bored by always concentrating on their traumatic memories, we introduced relaxation exercises and a light humorous environment to promote a warm sense of belonging. This made members laugh and almost all of them found relief through these exercises.” Meetings also provided spaces where group members would share their fears, failures and successes.

Those who had experience in managing life and / or psychological challenges shared their experiences with other group members, which led to a strong and supportive environment in which some members at times acted as beneficiaries and others acted as helpers – roles that benefitted all members of the group. It helped to instil hope among the most vulnerable group members by providing examples of others who had recovered from similar experiences, and also supported the more experienced members in finding value in themselves through their role of helping others in their journey towards healing.

As mentioned above, almost every member of such a group felt relief in sharing their experiences with others in the group. Very few members were opposed to the idea of sitting around talking about their traumatic experiences. Those who had difficulty sharing chose to take part in some of the activities organized, such as basket making and weaving. This helped them to feel comfortable and included as group members so

that they could share their experiences later on when they felt their trust in others has been fully built.

Some of the community members interviewed for this study expressed that the positive impact of being part of the group influenced them – and also extended some benefits to the entire community.

A participant of the group approach expressed the following during an FGD: “I was empowered by the experiences from other group members. I gained confidence in me and I was also encouraged to reach out in my community. The group helped me to restore trust in my community and now I can even help some people to deal with social stigma.”

Organizations emphasized that the facilitator plays a crucial role in the outcome of the group approach. They reported that facilitators should be skilled in a number of areas: 1) boundary management, in which facilitators set up the parameters of the group, establish rules and manage time to help build an atmosphere of trust and safety, and to prevent abuse and / or hostility by managing the group dynamics and redirecting the focus of discussions; 2) emotional stimulation, by encouraging sharing of testimonies and employing the story-telling technique as necessary (see below for elaboration); 3) caring, to offer support to group members when needed and provide praise, warmth and acceptance; 4) exchanging interpersonal feedback, by asking questions that encourage deeper understanding and engagement with the stories shared, i.e. “How did you interpret Kalisa’s story?” or “How would you respond to Mizero’s question?”; 5) meaning attribution, by drawing connections between members or pointing out themes that were brought up in discussions, and by explaining or clarifying points brought up; 6) fostering group decision-making through consensus-building, enhanced by meaning attribution. It should be noted that these facilitation skills are also important in the community approach, which will be discussed below.

Those working on the field highlighted a number of techniques that they used to encourage group members to open up and share their experiences. Testimony is a technique that is used in the group approach in which members of the group recount the stories of their wounds to other group members. Sometimes pre-recorded testimonies from other groups are used to prompt sharing among a new group.

Aegis Trust, an organization that uses the group approach, explained how this technique is used: “Members are gathered in a safe space and people share their traumatic experiences as well as how they dealt with some of them. Testimonies are recorded and we make sure these testimonies are archived. Many people are healed when they watch such testimonies, simply because they reflect on what they went through and gain strength from how others have managed their [wounds].” Actors said that until members of the target group share their testimonies they cannot start to heal. Sharing testimonies was reported to reduce loneliness.

A psychosocial counsellor narrated the important role of sharing testimonies from her professional experience working with groups: “Each time an individual tells a story, traumatic memories become less powerful and this in the end reduces the individual’s painful memories. I observed this among the members of therapeutic groups I facilitate.”

Those who run initiatives using the group approach also listed story-telling as one of the techniques used. Story-telling differs from testimony, because it is applied in particularly challenging situations, when a group is having difficulty taking the first step to share their stories. Typically, a facilitator employs the story-telling technique to bring up an issue, which is similar to the one faced by group members but without referring to that group directly. The power of this technique is that when a facilitator recounts a story about another person’s experience, it acts as a catalyst for sharing and trust among members. By telling a story, the facilitator acknowledges



A youth participant discussing healing in a focus group discussion, 2015.

group members as sympathetic, understanding and capable of feeling pain and other emotions that are a part of the story's impact. When group members then decide to open up and share their testimonies in response to the story-telling it is a sign that they have trust in the group members.

4.4.3 Community Approach

“The main goal of the community approach is to remind members of the community about the potentials they possess to address community problems.” – Director of Psycho-Social Department at Handicap International

The community approach is similar to the group approach in that it brings together groups of people to talk about their wounds in a trusting environment. In terms of selection of the groups, the community approach differs from the group approach in so far as it tends to bring together a greater diversity of people who may or may not share similar experiences but who are all members of the same community (i.e. village or sector). This approach also differs from the group approach in that it employs dialogue; rather than

sharing alone. This is because the community may have been the source of conflict while it can also serve as a source of healing through the promotion of mutual understanding and building solutions through dialogue.

Actors employing the community approach with their target groups said that its aim is to encourage community members to meet and discuss the causes of conflicts, share experiences with each other and identify possible solutions to the problems they face in their communities. A founding member of AMI said: “The community approach offered an opportunity for the members of our target group to share their fears of each other. Especially when perpetrators met with genocide survivor they expressed their fears that survivors would seek revenge.” This experience is similar to what a member of a target group explained: “I’m always challenged by thoughts about revenge. I was tempted to look for a poison; however, I did not make it as far as poisoning the perpetrators who exterminated my family. I just thought that these are the people who are not worth living in our community.”

Actors said that the community approach can serve as a forum in which members are provided with opportunities to ask for forgiveness for the wrongs they committed against others.

The community approach has the potential to deal with social stigma that might be caused or reinforced by community members. Actors who use this approach said they emphasize elements of restoring and building positive attitudes among community members, which were lost during the genocide. Some community members concerned about the problems faced by their fellow community members were reported to have taken part in addressing their problems. One of the actors shared: “I remember a young man who realized that there was an old woman with a mental problem who experienced social stigma resulting from her situation as a widow and incike [a term to refer to a lone survivor, specifically one who is old completely isolated.] This young man decided to take her to the hospital.

He has been doing that and this has been helpful in creating a social link for her as she has no family that takes care of her.” This is an example of how community members can use their strengths to create positive interactions in their communities as a result of healing interventions, rather than focusing on their weaknesses. Individuals who are brought together by different problems affecting their communities can rebuild their relationships to the extent that they help other individuals in their communities who are wounded.

The community approach is mostly used to help hostile, affected or wounded survivors to come together with perpetrators from the same communities with the goal of restoring destroyed relationships. In many communities throughout the country, survivors and ex-perpetrators live together in the same communities as neighbours, who knew one another prior to the genocide, but their relationships were torn apart and their trust was shattered in 1994.

Based on NAR’s observation during FGDs with participants composed of genocide survivors and ex-perpetrators, it was evident that these

groups were divided each dealing with their own wounds. In order to bring them back together, various actors in healing and reconciliation initiatives first prepared the groups to enable positive encounters as well as to avoid tensions that were likely to be exacerbated if groups were brought together before they were prepared. One of the ex-perpetrators said that during prison visits, the founder of an initiative asked them what they expected from the community when they returned from prison and that the majority of them responded: “We would like you to help us get accepted into the community and for survivors to look at us as human beings”.

The subsequent healing and reconciliation initiative was based on a needs assessment conducted among survivors and ex-perpetrators. Based on the needs of the groups, the initiative first fostered meetings of the groups separately (survivors and ex-perpetrators) before bringing them together for a six-month training. Contrary to other diverse groups NAR interviewed, members of this particular group were more comfortable sharing their views and testimonies without fear of being shunned by other group members.

In order to restore peaceful relations among community members, members of the interviewed organizations mentioned that the community approach seemed to be most appropriate and most effective for heterogeneous groups. They report that the approach provides a formal mechanism for learning from diverse experiences that is essential to achieve lasting peaceful relations among members. For instance, this approach can enable an ex-perpetrator to have a greater understanding and appreciation for the wounds a survivor experienced and vice-versa. One actor working with diverse members of the community explained: “From organizational experience of working with such groups, we realized that bringing genocide survivors and perpetrators together contributes to healing. For example, truth-telling has given perpetrators an opportunity to share their wounds while it has at the same time relieved wounds of the survivors”.

In addition, one of the actors suggested that individuals cannot have their relationship restored without the involvement of the community. The experiences of those intervening on healing provide them with insights on how to help hostile communities regain trust in one another. One of the members of the FGDs explained the influence of communities on societal healing with this statement: “Some of the community members tend to discourage their neighbours from attending healing and reconciliation initiatives.” This might be due to the fact that other community members have not yet regained trust in other members of the community, and therefore are not confident that the healing initiative is susceptible of addressing wounds and contribute to restoring relationships in the community. This applies to both perpetrators and survivors.

The community approach was reported to encourage group members to identify their shared needs and the actions necessary to meet them as well as to contribute to a sense of community ownership. Spaces in which community members meet were reported to build social capital by providing room for interaction, which helps to overcome mistrust and sets a precedent for peaceful and constructive management of local disputes. Other motivations, such as socio-economic incentives (discussed below), were reported to motivate community members to come to the meetings. Interviewees stressed that changing old mentalities, (re-)building trust and restoring interpersonal relationship using a community approach takes a significant investment of time. It is the most challenging of all approaches as it can exacerbate tensions if groups are not adequately prepared. Establishing trust to a level sufficient for meaningful positive interactions among community members was reported to be between six months to two years, although it varies from one community to another. Differences in time it takes for community members to trust and open up to one another depends on the wounding event every community was exposed to and the approach used by healing actors.

The community approach was also reported to be very effective when there is need for community members to dialogue upon a national issue. This approach can be used to promote community awareness on certain issues. A staff member from CNLG mentioned: “You may know the importance of memorialization in healing. In the years following the genocide, when memory and commemoration were first thought to be important in Rwanda considering their role in healing, we faced a challenge whereby memory and commemoration were issues for survivors of genocide only. We used a community approach to raise awareness by showing their importance to all Rwandans.”

The community approach helped in terms of creation of open discourses and narratives of the past. Rwandans came to know what happened during the genocide through open discourses and narratives, and learned that memory is a national issue which enables communities to remember what befell their country and to move forward together.

In line with the above, CNLG continued to show how different memorial sites were put in place using the community approach, especially during the commemoration period every year (April-July). Community members are encouraged to visit these memorial sites and learn from the past and work together to design a better future.

To deal with topics related to interpersonal interactions, members of organizations advised NAR to use videos and short presentations to stimulate dialogue or to bring up a particular topic of discussion. In addition, facilitators for such sessions will rely on dialogic methods to encourage voicing and questioning. Questions raised should be formulated to encourage deeper thoughts and feelings among participants, and should invite community members to explore conflicts that come up.

The founding member of AMI advised NAR that such facilitators should encourage collective thinking and questioning, and that facilitators

should also invite group members to respond to what others are saying and build on each other's comments and experiences. The facilitator needs to make sure that after the discussion, community members identify their priorities as well as the actions to be taken with regard to those priorities.

Actors in healing reported that creating a permanent space that allows community members to enact certain initiatives based on what they have been dialoguing about takes between one year and one and a half years.

Under community approach, the report discusses lessons learnt by different actors as they put in place community based healing and reconciliation spaces. It is also worthy of note that bringing together genocide perpetrators and survivors may benefit both in some cases. Perpetrators have the opportunity to share their traumatic memories as survivors get relieved from their wounds. Finally, it was highlighted that every community is unique and that its uniqueness explains why the required time for members to build trust and start opening up varies according to a wounding event and approaches used.

4.4.4 Thematically Holistic Approach

The thematically holistic approach is an emerging set of interventions that aims to address wounds alongside other needs of constituents through socio-economic activities, psychological interventions and legal components. According to the actors interviewed, the thematically holistic approach looks at the affected individual as a "whole" and seeks to treat psychological wounds in addition to social, economic, spiritual and legal needs.

Expressions like "*amatwi arimo inzara ntiyumva* [empty bellies have no ears]" influenced different actors using the holistic approach to think beyond individual wounds and employ material support to the members of their target groups. This aligns with experts like Forbes (1997) who posits that in order to deal with psychosocial effects resulting from violent conflicts, the socio-economic

status of beneficiaries must be considered and addressed in post-conflict settings. It is a widely held belief that one of the major prerequisites for post-genocide recovery is successful socio-economic development (Forbes, 1997).

Socio-economic activities were reported to be important in providing material support to members of target groups. Actors expressed that it appears difficult to address post-genocide consequences when people are living in poverty. Providing socio-economic support helps members of target groups meet their basic daily needs so that they can begin to address other problems, such as their psychological wounds.

Additionally, the use of socio-economic activities as a healing practice was reported by various initiatives consulted as a strategy to promote contact between community members, which reduces ethnic conflicts and increases respect of individual rights. By getting involved in economic activities, participants gradually begin to see one another as individuals, rather than categorizing themselves based on stereotypes or labels, which improves their interpersonal relationships. However, it may be argued that the risk of "doing harm" is elevated when bringing in the economic dimension into a reconciliation process. If the timing or the manner is not right, it can exacerbate tensions ("money" can easily divide people).

The thematically holistic approach was inspired by the common saying "*abasangiye ubusa bitana ibisambo*", which means that some conflicts are caused by poverty. Organizations stated that dialogue, while useful, is not enough when applied on its own. A respondent who uses the thematically holistic approach explained the reasoning of the approach: "Wounded people often lack ambition and simply drift through life; they are not fully alive. So it was important that an inclusive approach be applied to support groups not only to heal but also to help them find meaning in life and to develop ambition through income-generating projects. Socio-economic tools promote social cohesion faster [than dialogue]."

Being busy with socio-economic activities was reported to contribute to rebuilding relationships by creating contact among community members. A technical advisor at International Alert said: “By getting involved in economic activities, members of the group begin to see their commitments and the power of a functioning society in a new and clear light; learning to see each other as individual members of the same group.” However, she added: “The socio-economic incentives for people to participate in healing initiatives needs to be planned carefully so that the socio-economic aspects do not overshadow the societal healing.”

Providing justice to wounded people is key in healing. Actors using the holistic approach mentioned that justice is the focus for the victims of any conflict. A representative of Haguruka put it this way: “You can’t claim to have healed any victim without providing justice. A big number of our target group come to us claiming that they need justice before we even provide any other assistance to them.” This explains how any intervention in healing should consider the legal needs of the victims.

Many of the initiatives interviewed reported using various techniques that contributed to the success of their approaches. When asked whether one of the approaches was most effective, one of the actors interviewed reported: “There is no single approach to healing: for healing to happen many factors have to be present.” Different tools like sharing of traumatic emotions, storytelling, testimonies, dialogue, debates, trainings, workshops and prayers were all deemed helpful.

The majority of the interviewees emphasized that emotion sharing in groups and socio-economic empowerment were very important in promoting healing. Training workshops and seminars on topics such as trauma healing, conflict management and income generating activities appeared to be the most popular tools used at the time of our study, with 20 initiatives that reported using them.

Dialogue requires a number of factors for it to be a successful intervention. Some of them include fostering sentiments of respect and a safety for members of a group dialogue as well making sure that members play a role in selecting the facilitator for the dialogue forum. In therapeutic groups, the facilitator, according to the experiences from initiatives consulted, should be equipped with professional psychological skills to deal with emotions when they arise among members. Without a safe space to share feelings and experiences it can be extremely difficult for group members to heal.

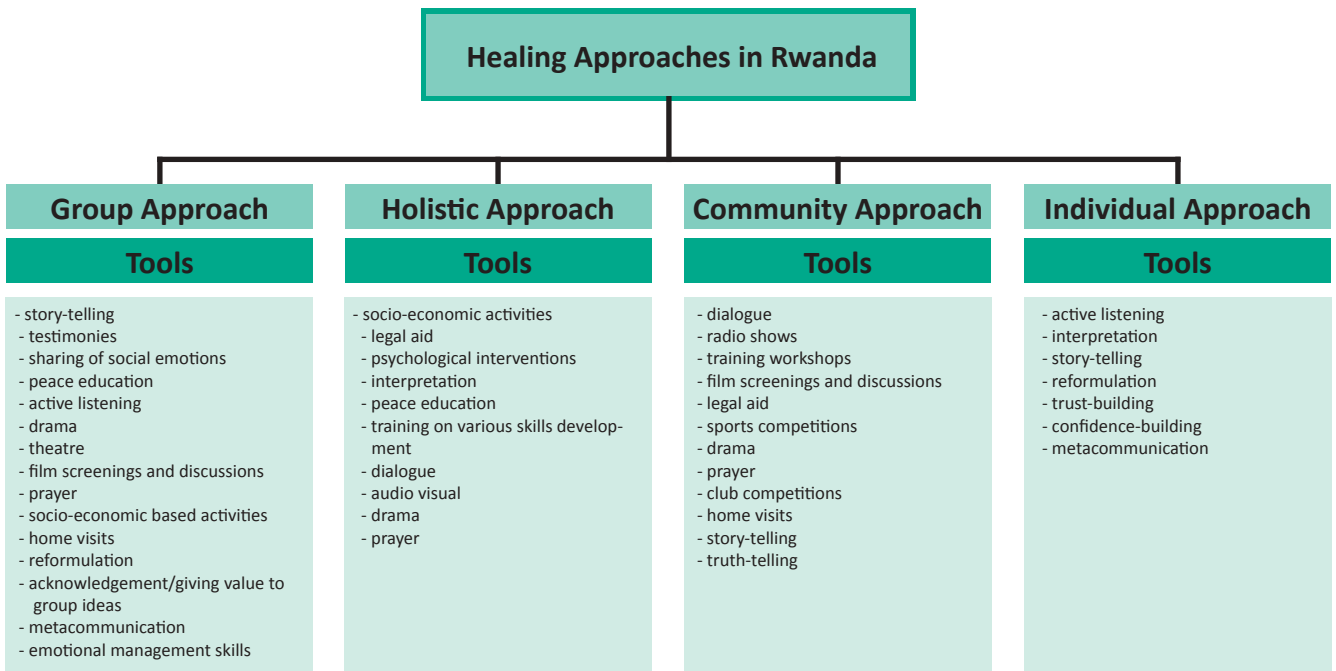
When asked how group spaces are structured, an actor from one initiative reported that “creating honest and reciprocal groups involves a sustainable developmental process that fully appreciates tolerance, empathy and the emotionally challenging nature of exploring group differences.” Actors reported that there is a need to create environments of trust by having group members listen to what others in a group say as a foundation for honest and meaningful interactions. In these environments, group members become acquainted with each other, discuss their hopes and fears, and discuss guidelines to govern the spaces, such as guaranteeing confidentiality and not allowing personal attacks.

4.4.5 Remarks on the Different Approaches

“There are neither tools nor techniques that may work in all contexts” (Sveaass et al., 2014: 81). Actors interviewed for this study use various approaches for healing. From their experience, there is no single tool that is central to any approach but rather there are multiple tools that are equally important in promoting healing.

Drawing from what the actors reported, the analytical diagram in Figure 2 shows the different tools used with relation to the various approaches in healing. It provides an overview of all the optimal tools that should be used when applying a given approach and is an analytical summary of best practices that can be consulted when applying the approaches listed.

Figure 3 Healing Approaches in Rwanda AC advised to start with ‘individual, group, community and the thematically holistic



In a final analysis, this section of the report has explored different approaches used by actors in healing, peace building and reconciliation in Rwanda. They include individual, group, community and thematically holistic approaches. Each one of these has merits and demerits which make them not appropriate in all the contexts. In the post – genocide Rwanda, a combination of group and community approaches has proved more susceptible of contributing to restoring trust, opening up and sharing among members, and, in the process, contributing to healing wounds of different members including genocide survivors, perpetrators, witnesses, those wounded by the long history of political violence and their relatives. Also, a combination of group and community approaches works best when it borrows a leaf from the thematically holistic approach. A multipronged approach to healing seeks to address wounds using economic, spiritual, and justice strategies. Lessons learnt however caution that measures should be adopted to ensure that economic approaches do not overshadow the psychological healing

4.5 Limitations to the Societal Healing Process

Lack of access to resources that meet basic needs was highlighted as a serious threat to healing.

One of the actors consulted described the issue as such: *“Amatwi arimo inzara ntiyumva.* [An empty belly has no ears].” Basic needs like shelter and food were mentioned, by resource persons, to be just as important as providing psychological and social support. Actors interviewed reported that these resources contribute equally towards healing.

Poverty, which can lead to a lack of education, was also reported to be a threat to healing. Education, on the other hand, was said to bring hope to youth as well as to their parents. Parents who could not afford to pay school fees for their children expressed that they experienced persistent negative thoughts. Actors who worked with people in such circumstances explained that material support is linked to emotional support and a lack of material support can result in ineffectiveness of healing initiatives on individuals. Youth participants in the initiatives consulted for this report said that they perceive education as the best way to restore meaning and order to their lives.

A lack of monitoring and evaluation (M&E) procedures was reported by many actors to be a challenge they need to overcome. They highlighted that monitoring their progress and challenges was

very important in order to inform the organizations about what needs to be improved or if more time needs to be given to any given project. However, many said that they lacked the experience or resources to conduct proper M&E activities and some even lacked the awareness that such plans should be integrated into project proposals.

The culture of silence in Rwandan society was reported to be an additional challenge to healing. For this reason, dialogue was highlighted as tool that many participants view as crucial to the success of healing initiatives in Rwanda. Opening up was considered to be helpful on one hand but initiatives also reported that this can be difficult to achieve since beneficiaries may not feel comfortable opening up in front of people they do not trust or in spaces they do not consider safe (*"Kubwira abatakwitayeho ni nko gucurangira abahetsi"*).

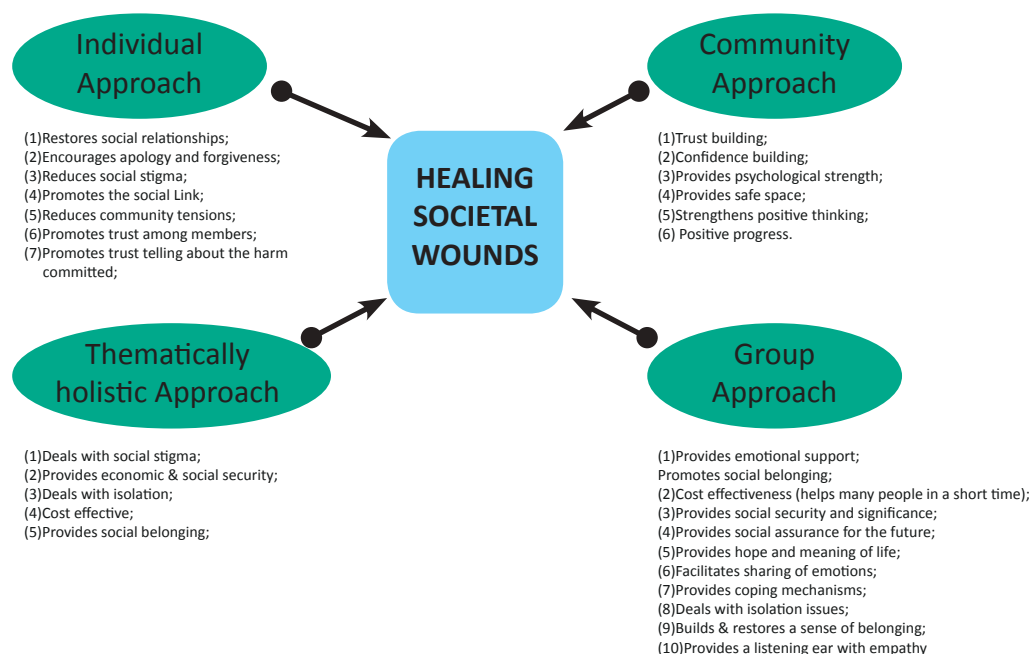
Considering the nature of healing endeavours which always deal with sensitive issues, one of many factors that may explain why community members are not willing to open up is inappropriate approach which does not address real needs of constituents. This would be a formidable challenge to the journey of societal healing which in the end may hamper peace building and reconciliation efforts. Healing practitioners should

therefore learn and study target communities as much as possible so that the devised approaches fit with community specific dynamics and needs. They should also be flexible to learn further in order to accommodate emerging issues that may require them to adopt new strategies and adapt accordingly.

Actors also noted that issues related to healing are always sensitive and finding the right words and the best way of communicating feelings related to wounds is always challenging.

A final limitation brought up in the research was misperceptions about healing initiatives among existing donors as well as difficulties in attracting new actors to invest in healing. Due to the fact that healing is difficult to measure, since it is an abstract concept, and the undetermined amount of time required for healing to take root, it can be challenging to convey the benefits of such initiatives to donors and to attract the long-term investment required to support successful healing interventions. Some donors tend to prefer to fund short-term projects, which do not provide enough time for healing to take place, particularly when employing the dialogue technique. Additionally, many donors were reported to be interested in projects with tangible results tied to healing. A coordinator of AMI said that "healing deals with

Figure 4 Contribution of Approaches towards Healing Societal Wounds



qualitative change and social transformation and the results are not easily measured because they are not tangible". For this reason, there is a need for M&E practices that help to reflect the stages of healing and communicate the progress effectively to donors. Similarly, academics and practitioners should strive to operationalize the concept of healing so that it is more easily measurable.

4.6 Lessons Learned about the Healing Process

Conducting work in the field of societal healing and reconciliation field can only be done effectively by building on the advice and experiences of those who have done so before. Once the interviews and transcriptions of responses were completed, the research team met over several weeks to agree on common themes. This section examines the findings from the mapping exercise and compiles the lessons learned from each approach used in the field of healing.

During the research process it became clear that most people interviewed believe that the healing work being conducted in Rwanda has a close relationship with reconciliation and peace building work. As such, NAR mapped out actors in all three domains - healing, reconciliation and peace building – in order to give a broad picture of the work that is being done to address psychological wounds that impact the society, and to draw lessons from various experiences that can be applied to NAR's own societal healing interventions.

Findings from interviewing 218 persons reveal that healing is essential, not only at the individual level but also at the societal level. A person healing from psychological disorders – as is the case for a significant proportion of the Rwandan population, particularly after the genocide – must face, resolve or cope with a set of sometimes unbearable feelings in order to heal. If not, the feelings will return again and again, unbidden and uncontrollable. A founding member of AMI stated: "Healing is accepting things you can't change as a reality and deciding to focus on the future."

Many respondents asserted that when individuals in a society suffer from unhealed wounds from the past, it can affect the functioning of the society at large and pose a threat to recovery. An actor in healing noted that even 70 years after the Holocaust, people still struggle to deal with the wounds caused by that genocide. "In the post-genocide Rwanda context, we should expect that more [wounds] may arise over time and require intervention." Actors and academics who are interested in societal healing are advised to keep monitoring the dynamic nature of wounds over time and develop readiness to address them as they emerge. One of the strategies requires to build the capacity of grass root communities in identifying wounds, all of which requires government political and material support.

Many of the interviewees also stressed the role that others play in individual healing; demonstration of understanding and empathy for the suffering of an individual are a very necessary step in healing wounds. This study found that healing does not occur in isolation and that the society has an important role to play, both in supporting the healing of others (i.e. community members listening to each other and supporting one another) and in the overall healing of a wounded society itself.

All provinces in Rwanda were found to have healing, reconciliation and peace building initiatives. However, most actors consulted emphasized that wounds are still present throughout Rwandan society and that there is a great need for healing work in all provinces.

4.7 Summary of Lessons Learned

1. Even 21 years after the genocide, there are still Rwandans who require healing. There is a need for more societal healing initiatives across all provinces to address the wounds that still affect some Rwandans as a result of genocide and other wounding events that took place before and after the genocide.
2. Healing is important at the societal level. The society plays a special role in healing by

- supporting those who are wounded and in terms of reconstructing the social cohesion of a society torn apart by genocide and extreme violence.
3. Women and youth are two groups in particular need of healing. This is due to the nature and severity of wounds they endured during and after the genocide (for instance being rape survivors or children born of rape) as well as because of the challenges arising from social stigma that healing actors face in being able to identify these individuals and encouraging them to open up.
 4. Four types of healing approaches were identified in Rwanda: individual, group, community and thematically holistic. A combination of the group approach and the community approach was found to be most appropriate and effective for the Rwandan context.
 5. The size and scope of healing initiatives have a direct relationship with the quality of healing that can be achieved. Therefore, it is better to aim at making a big impact on a small group of people than to aim for a large group that may result in a less effective intervention.
 6. Time is a key factor in healing. Psychological healing is an arduous process and the time it takes for people to heal can vary from very short periods of time to an entire lifetime.
 7. Effective facilitation of support and dialogue groups allows members to open up and share, and helps to foster the development of healthy relationships. Support and dialogue group facilitators must receive training on facilitation, have legitimacy among beneficiaries, possess analytical and leadership skills - including the ability to lead difficult conversations and constructively explore conflicting needs -, and have knowledge on the backgrounds of and relationships between beneficiaries.
 8. The group approach can help to restore a sense of belonging to wounded people and foster social cohesion, which contributes to healing. It can also provide therapeutic benefits, even when non-professional support group techniques are employed. The group approach can furthermore help in healing by bringing together people at different stages of recovery who can share and learn from one another in order to develop solutions to individual problems. Target groups should be composed of members who share at least one common problem that needs to be addressed.
 9. Dialogue among people of diverse groups is a commonly used and appropriate technique which supports the rebuilding of relationships and the promotion of social cohesion. Dialogue can lead to societal healing through the group and community approaches - but its success hinges on the effective facilitation of dialogue groups. When bringing diverse groups together in attempts to bridge divisions, it should be undertaken carefully and with strategic planning. Inadequate preparation for this technique runs a high risk of rather aggravating than healing wounds and reinforcing old divisions.
 10. It is very important to build safe spaces - environments in which trust has been well established and where beneficiaries feel safe in disclosing sensitive personal stories.
 11. The combination of the group approach and the community approach was reported to be an effective and appropriate healing approach for the Rwandan post-genocide context because societal groups and communities have the power to influence how wounding events are transformed, and supportive responses from others have the power to mitigate the impact of wounding events.
 12. Meeting basic needs, such as food and shelter, contributes to healing. Providing socio-economic opportunities helps to ensure sustainable transitions to

peace. Healing-based interventions that involve socio-economic development efforts should not be introduced at the beginning of the intervention since they risk overshadowing the healing initiatives. It is advisable to introduce socio-economic activities once healing initiatives have been well established.

13. Professionalism and dedication are crucial for the effectiveness healing work. It is critical that the people carrying out the intervention are invested in their work and that they care deeply about their contribution to healing.
14. There is a lack of awareness, experience and resources needed to conduct proper M&E procedures in the field of healing. There is a need for M&E practices that help to reflect the stages of healing among participants and to effectively determine

the impact of healing interventions on them from time to time.

15. A challenge is to convey the benefits of healing to donors and to attract the long-term investment required to support successful healing interventions. It is difficult to measure progress in such initiatives and the time-frame for healing to take place is undetermined.
16. Collaboration and networking between healing actors is needed in the domain in order to minimize duplication of activities and work together for a more meaningful impact. There is a need for more opportunities for collaboration between healing actors in Rwanda as well as specifically designated times to come together to share and learn from their experiences in this domain.

5 Implementation framework

This chapter outlines how and where the Societal Healing programme will be implemented; based on findings from this mapping report, the research done on other post-genocide and extreme violence contexts, the findings from NAR's youth peace dialogue pilot programme as well as various meetings held with a team of advisors with expertise in the field of healing and who provide programme implementation advice. The chapter also draws from the training manual developed by NAR to guide the facilitation of dialogue spaces as a part of its Societal Healing work.

Societal healing aims to support the psychological and social health of community members or groups in communities that experienced genocide or mass violence. Findings from this mapping report indicate that society and individuals take a long time to heal, especially when people were exposed to killings of their family members. This mapping research has shown that community healing requires more than three decades and that psychological wounds can even affect people who were born after genocide or mass atrocities (Never Again Rwanda, 2015).

The two main reasons that societal healing is important are as follows: to improve the physical, psychological and social relationships of community members, and to reduce the likelihood of future conflicts. Unresolved wounds could catalyse future conflicts, which is why healing is a long-term preventive mechanism to deter future violence. NAR research suggests that sustainable peace can be attained when societies and individuals heal wounds related to past traumatic events (Never Again Rwanda, 2015).

Beginning in 1995, the Rwandan government established healing and reconciliation initiatives and has worked closely with civil society organizations. However, two decades after the genocide, healing is still a challenge for the country. The undertaken mapping also shows that healing

is a process. While some people have developed mechanisms that help them be resilient in the face of memory or present-time triggers, others have not begun to heal at all. For example, one of the participants in Abasangirangendo, a NAR-affiliated non-schooling youth club in the Gishamvu sector of Huye district, where the Societal Healing programme was piloted, said that his father has never been able to talk about what happened to him during the genocide, even after 21 years. The participant also said that his father doesn't attend any memorial activities for fear of being traumatized. This indicates that there is still a need for some people to begin the healing process. This is one of the reasons why NAR found it fundamental to establish its Societal Healing programme among youth and community members at this point in time.

5.1 The Societal Healing Programme

The vision of the NAR and Interpeace Societal Healing and Participatory Governance for Sustainable Peace in Rwanda programme is to contribute to the consolidation of a peaceful and inclusive Rwandan society, enabled to overcome the wounds of the past and to peacefully manage conflicts and diversity, as well as empowered to influence programmes and policies responsive to citizens' priorities. The programme aims to change the behaviour of community members in order to promote societal healing and reconciliation.

5.1.1 Spaces for Peace

The programme will engage citizens of diverse backgrounds through societal healing processes that strengthen communities to openly and peacefully address conflict. Permanent Spaces for Peace will be established for diverse groups of community members to come together to dialogue on sensitive issues, using a combination of the group and community approach. These spaces will serve as the foundation of the programme. The objective of the Spaces for

Peace will be to transform community members into agents of change who use mediation and dialogue as strategies to foster healing.

5.1.2. Youth Peace Dialogues

The programme also places a special focus on the youth because NAR recognizes that although many of today's youth did not directly experience genocide or previous structural violence in Rwanda's history, they may still experience the effects of this history and are still susceptible to wounds. The Societal Healing programme will support youth in developing strong, peaceful values as well as assist them to become peace agents in order to promote a peaceful and strong diverse society through monthly Youth Peace Dialogues. These dialogues will strengthen the connection between young people and create safe spaces to discuss sensitive issues. The Youth Peace Dialogues have already been piloted in two districts; the findings of which revealed that youth do not trust each other even when they are together in clubs and associations. This is due to the fact that they do not discuss their personal stories, particularly those related to sensitive societal issues.

5.1.3. Complementary Programmes

Both the Spaces for Peace and Youth Peace Dialogues may be complemented with other activities, including income-generating initiatives, artistic projects and supportive home visits. This ties into the findings of this report that indicate that socio-economic activities, when implemented at the right stage, are also important in promoting healing, particularly among those living in poverty. NAR will lead the implementation of the healing dialogues but will encourage groups to contribute to the programme with the conduct of other activities that build group cohesion.

5.2 Formation of Youth and Community Groups

The findings of this report indicate a need for healing across Rwanda. As such, NAR will



A tree being planted as a symbol of youth commitment

implement its societal healing programme among 15 youth clubs / associations and community groups across the country's five provinces; with attention to women and youth in particular. The programme will target five non-schooling youth groups, five schooling youth groups and five community groups. Out of the 15 planned interventions, NAR has already implemented monthly Youth Peace Dialogues and Spaces for Peace (see section 6.3) among eight groups.

Ten districts have been identified as areas for intervention for youth target groups. Five of the groups selected will include schooling youth and five will include non-schooling youth. The youth participants will be selected based on gender considerations and a diversity of backgrounds.

The areas of intervention are representative of all four provinces and the city of Kigali. Youth Peace Dialogues for both schooling and non-schooling youth will be formally implemented in the selected districts of each province. The implementation targets youth involved in existing NAR clubs / associations whenever possible.



to peace after a dialogue session.

New clubs for youth will be formed in districts where NAR has no existing groups. These new clubs / associations will also be formed to allow for a comparative analysis of healing between the existing groups and newly formed groups at the end of the programme.

The selection of community members for participation in the Spaces for Peace was conducted based on the advice of some resource persons. Two groups have been selected based on geographical location and diversity regarding gender and background. One of these groups was pre-existing while the other one has been newly formed for the purposes of the Societal Healing programme. A third group is currently being selected in the Western province.

5.3 Operation of Monthly Youth Peace Dialogues and Spaces for Peace

Each Youth Peace Dialogue and Space for Peace session will involve 30 participants from diverse backgrounds and be held on a monthly basis. At least 30 percent of the participants will be female

members to ensure gender diversity is respected. Two facilitators from diverse backgrounds (usually one male and one female) will facilitate each Youth Peace Dialogue or Space for Peace.

Schooling youth will participate in monthly peace dialogues only on school days and when school is in session in order to ensure their regular availability for participation.

Each Youth Peace Dialogue and Space for Peace will run for a maximum of two hours and 30 minutes. Two hours will be the time allocated for group healing / dialogue and the remaining 30 minutes will be reserved for questions or informational support (such as to educate members on the purpose of the dialogues as needed and to provide information on events related to the programme).

The programme plans to implement 15 Youth Peace Dialogues and Spaces for Peace over a period of two years. However, findings from this study also recommend starting small in healing interventions to ensure effective monitoring of facilitators and the provision of adequate supervision of the dialogue spaces. Therefore, NAR will start with six youth clubs / associations (three schooling and three non-schooling) out of ten identified districts for intervention as well as two community groups (for a total of eight groups). The first phase of the programme with the eight groups will be implemented in October 2015 and the second phase, including the remaining seven groups, will be implemented in January 2016.

5.3.1 Approaches for Societal Healing among Youth and Community Groups

The findings of this report indicated that there is no single approach that works better than others for healing because what works in one context will not necessarily work in others. As discussed in the previous chapters, various peace actors in Rwanda use different approaches in healing. A combination of approaches was found to be effective in Rwanda's context because people

have various healing needs (i.e. psychosocial and psychological), which are often best addressed through different approaches. As such, NAR decided to employ the group and community approaches based on the needs of the target groups of its Societal Healing programme.

Psychosocial education will be used in both youth and community groups on an as-needed basis to provide additional information required by groups after each healing session. This information will be provided on a range of topics depending on the needs of the group (i.e. land issues, human rights, gender issues, child abuse, domestic violence, drugs, reproductive health and parenting). Experts in these areas, in partnership with NAR, will provide this information upon the request of groups.

In an effort to reach out to community members and share experiences, each Space for Peace and Youth Peace Dialogue will organize a public community exchange every year in their respective communities. These exchanges are a way for dialogue participants to share what they have learned with the larger community and to inform the broader community how it has benefitted them.

The pilot of the Youth Peace Dialogues has already resulted in a promising level of openness among the participants. This openness was fostered through sharing personal wounds, which encouraged empathy among the group and in some cases even prompted action to help address the wounds of the dialogue group members. For example, after a dialogue session in which youth shared their wounds with one another, a participant, Abasangirangendo Association, decided to contribute some money to one of the group members who lives with a mother with a disability. The same group agreed to conduct rotational visits to each member's home in order to connect better. These examples illustrate how dialogue can contribute to healing when safe spaces are provided.

However, NAR's internal reflections with the experts in its advisory team concluded that

dialogue is not necessarily the most appropriate technique for healing for every group. Other approaches were recommended based on the type of group, as outlined below.

5.4 Approaches for Schooling Youth Groups

Two of three schooling youth groups in phase 1 of the Societal Healing programme, to take place between September and December 2015, are secondary school students and one is made up of university students. The lessons from the Youth Peace Dialogue pilot noted that youth currently enrolled in secondary schools were born after the 1994 genocide against Tutsis. Therefore, they are not directly affected by genocide but may be affected by its effects, such as inter-generational trauma, genocide ideology and conflicts within their communities.

The first approach that will be implemented with secondary-school youth groups will be the use of activities geared to help members of the group get to know one another and build group cohesion. This approach will help to prepare young people for dialoguing, which will involve talking about very sensitive issues.

The activities will include educational sessions on critical thinking to provide youth with skills to resist manipulation. They will also involve mediation trainings to equip them with skills in peaceful conflict resolution and to develop a culture of non-violence. The groups will furthermore be tasked with identifying wounds in their families, schools and communities. These skills will not only help youth to overcome divisions in their schools, families and communities, but will also equip them with analytical competences and self-confidence. NAR will also identify videos of testimonies from other partners, such as Aegis Trust and Interpeace, to provoke critical thinking and discussions on sensitive issues.

The programme's approach for university students will involve the use of dialogue for healing sessions. These students have already been involved in community dialogue. Even if some of them were born after the genocide, they



A group of students discussing peace related issues.

have a better understanding of the post-genocide context than secondary school students. Some of them are also direct victims of genocide who were orphaned at an early age.

5.5 Additional Approaches for Youth

The Societal Healing programme will pursue three additional approaches, as explained below.

Annual innovation competition: One year after implementation, youth from dialogue groups will take part in the first annual youth innovation competition. The competition will judge a variety of youth-initiated projects based on their responsiveness to community needs related to healing and peace building. Two winners per district will receive start-up funding of USD 800 for project implementation and management. NAR staff will support youth groups in developing their initiatives and connect winners with community groups that supporting youth employment.

Artistic productions: The ten selected youth groups will be encouraged to create artistic products related to the issues discussed through the Youth Peace Dialogues and those stemming from their local communities through short films, essay competitions, songs and poems.

International Day of Peace events: The ten selected youth groups will be mobilized to participate in sports and art events for peace as well as community discussions to enable youth to share their experiences and lessons learned during peace dialogues in the months leading up to the International Day of Peace. Youth clubs will also participate in youth parliamentary discussions on International Day of Peace in order to share their experiences in healing with members of parliament and receive immediate responses from parliamentarians.

5.6 Implementation Plan for Youth and Community Groups

5.6.1 Training Peace Agents for Youth and Community Groups

Peace agents – both teachers and students – were identified from each youth group to facilitate monthly Youth Peace Dialogues among both schooling and non-schooling youth. Following the selection of youth peace agents for schooling groups and non-schooling, a training of five days on group facilitation was organized for teachers¹ and students who will serve as facilitators in schools

¹ Teachers are peace agents for secondary school groups only. University youth groups and non-schooling youth groups selected youth peace agents from their members.

and universities. The training also included peace agents from non-schooling youth groups and community groups. These facilitators were elected by the members of their associations as trusted and capable members who have facilitation experience and skills.

5.6.2 Desired Qualities of Peace Agents

- Peace agents will determine the success or failure of the groups. Therefore, peace agents should have reached a stage of recovery of their own wounds and be emotionally stable.
- Peace agents should be open minded, warm, friendly and committed to helping others.
- This mapping report as well as other research showed that effective healing work requires passion. The peace agents should have passion, interest and a basic level of education in healing, though they do not need to be professionals.
- A peace agent must be able to share their own stories related to wounds in groups without suffering a severe emotional reaction.
- Peace agents must demonstrate strong

listening skills when others are sharing their stories.

- Peace agents should preferably have engaged in community work of some kind and they should value community service for its contribution to the society.
- Peace agents should be respected and recognized by their fellow community members.

5.6.3 Facilitation Guide

A facilitation guide was produced and translated into Kinyarwanda for facilitators to use during Youth Peace Dialogues and Spaces for Peace. This facilitation guide will be reviewed periodically and updated based on the lessons learned from the dialogues.

5.6.4 Follow-Up Trainings for Facilitators

NAR will hold three day trainings twice a year to gauge facilitators' needs and to reflect on lessons learned from the Youth Peace Dialogues and Spaces for Peace. Follow-up trainings will also serve to inform the review of the facilitation guide to suit the needs of youth and community members participating in the programme.



A group of youth discussing peace related issues.

5.6.5 Motivation and Incentives for Facilitators

In an effort to motivate peace agents to manage the Youth Peace Dialogues and Spaces for Peace, reimbursement for transport, communication and other related costs will be provided. Also, stationery for reporting purposes will be provided to members of both the community and youth groups.

5.6.6 Responsive Plan

A responsive plan will be put in place to guide the implementation of the programme. The following are key elements of this plan.

- Two facilitators will be trained to facilitate groups so that when one is not available, the other can support the group.
- Facilitators will meet once every three months to discuss key issues arising from the groups they facilitate.
- A debriefing session will be conducted over the telephone between facilitators and NAR staff after every Youth Peace Dialogue and Space for Peace to discuss successes and difficulties that arose and to provide the facilitators with support on how to best address challenges in future dialogues.
- An internal monthly meeting will be organized by NAR to assess the progress in the Youth Peace Dialogues and Spaces for Peace.
- NAR will identify other related institutions working in the same areas of intervention that NAR can refer its beneficiaries to should there be trauma cases that cannot be addressed by peace agents, or any other partnerships with related institutions as deemed necessary.

5.6.7 Timeframe for Monthly Youth Peace Dialogues and Spaces for Peace

Both Youth Peace Dialogues and Spaces for Peace will be implemented for two years after which the groups are expected to have a high level of functionality, and thus able to continue their

dialogues independent of NAR's support. In the third year of the programme, NAR will choose ten more groups from existing NAR-affiliated youth clubs and associations (both schooling and non-schooling) and start new Youth Peace Dialogues with these groups.

NAR expects that after two years, youth of diverse background will be able to resist manipulation through critical thinking and analysis of past, current and emerging societal challenges, and that they shall be empowered to peacefully express their emotions and tolerate differences and diversity. They are also expected to be able to work together to serve as catalyst for peace, healing and reconciliation in their communities.

5.6.8 Dissemination of Results of the Youth Peace Dialogues and Spaces for Peace

As a part of NAR's commitment to include and inform the wider community about the Societal Healing programme various methods will be employed to disseminate the findings to other healing organizations, government officials, local leaders, international stakeholders and the wider public. Table 2 describes the various methods that will be employed to share this information.

Table 2: Dissemination of Lessons Learned from Youth Peace Dialogues and Spaces for Peace

S/N	Method	Purpose
1	Documentary	Discussions in the spaces will be filmed and a documentary will be produced at the end of every year to showcase the outcomes of the spaces.
2	Annual Exchange	NAR will organize annual exchange meetings that bring together different spaces and dialogues to share experiences with community members.
3	Discussion Papers	Two discussion papers will be produced to stimulate debate and dialogue based on lessons learned from the clubs and participatory research. These papers will also be used for advocacy purposes.
4	Brochure	A brochure will be produced on success stories from dialogue of both youth and community members. The brochure will be shared with partners.



A peace dialogue taking place in the community.

6 Monitoring and Evaluation plan

6.1 Background

As indicated by many of the actors interviewed for this actors and approaches mapping, one of the long-standing challenges to successful peacebuilding, healing and reconciliation initiatives has been the difficulty for many actors to measuring results and generating evidence in order to identify what types of interventions worked and which did not work. The recommendations from the mapping exercise highlighted the need for strong and regular M&E for societal healing and reconciliation related programmes.

As a growing peacebuilding organization, NAR has anticipated these challenges and places importance on M&E in the implementation of its Societal Healing programme.

It is within this context that NAR has recruited a local M&E expert who will provide the leadership in establishing a robust system and oversee its effective implementation. The expert will be the centre for quality information, which will be used in evidence based decision-making and learning throughout the programme implementation. Since M&E is an integral element of NAR's management strategy, the organisation will use its M&E to measure the effectiveness of programme efforts and interventions, determine progress towards outcomes and mission, and inform programme strategy.

The M&E system will provide quality and timely information to NAR and its partners and donors, which can assist them in measuring progress, identifying potential obstacles at an early stage and, based on the results, making programmatic adjustments as needed. Through the implementation of its M&E plan, NAR and its partners will be provided with a wide range of information needed to assess and guide the project strategy, ensure effective operations, meet internal and external reporting requirements, and inform future programming.

6.2 Approach and Methodology

NAR will use participatory monitoring and evaluation methods where both quantitative and qualitative data will be collected. The mutually reinforcing combination of quantitative and qualitative methods will allow the NAR to triangulate data gathered from different sources and consequently help to obtain higher quality M&E data. The combination of a logical framework approach and an outcome mapping approach will be used to monitor both programme performance indicators and progress markers.

A user-friendly M&E database will be developed by the M&E expert to ensure the high quality data is collected and entered into the M&E database and that the data is used to for the sake of quality programme implementation and learning. The M&E team will document and communicate the most significant change stories, best practices and lesson learned and ensure that the culture of knowledge management and learning is integrated into the programme cycle.

From the start of the programme, NAR will be supported by Interpeace to develop M&E tools and systems to ensure effective tracking of the progress of the Societal Healing programme, and to provide opportunities to learn and improve as the programme continues. A review of the existing M&E tools at NAR will be conducted and a new package of M&E tools, as needed, will be introduced and put in place to ensure a clear and comprehensive M&E system within NAR.

For example, under discussion is a baseline survey that will be designed to gauge the level of trust and tolerance among participants of dialogues spaces. The baseline survey could help NAR to come up with a Trauma, Trust and Tolerance Index among its Space for Peace. Qualitative data may include more interviews and FGDs among actors and beneficiaries. Other aspects and details of the M&E plan are being refined and can be obtained upon request.

NAR will prepare a final report on the programme, which will, among other things, (1) contain an overall description of the activities under the programme during the period of implementation and the significance of the activities; (2) describe the methods of assistance used and the pros and cons of these methods; (3) present overall results toward achieving the programme outcomes and results as well as an analysis of how the indicators illustrate the project's impact on the accomplishment of the programme's overall objectives; (4) summarize the programme's

accomplishments as well as any unmet targets and explanations; and (5) discuss the challenges that emerged during programme implementation and the lessons learned in dealing with them.

After the completion of the impact evaluation, the programme team will organize a national conference to share the results and discuss with key stakeholders the lessons learned and best practices that can be used for similar healing interventions or help in replicating the model in other areas.

7 Conclusion and recommendations

This mapping of actors and approaches is part of an ongoing learning process over the course of NAR and Interpeace Societal Healing and Participatory Governance for Peace in Rwanda programme and beyond. NAR intends to regularly seek input from actors in healing and reconciliation. Some inputs were collected during the presentation of findings from this research and validation processes of this research. Such inputs will continue to be sought during the implementation of the Societal Healing programme.

The following recommendations have been drawn up, for application in the field of healing:

Dialogue facilitators and support group leaders require specific skill sets and training

Support group and dialogue facilitators must receive training on facilitation, have legitimacy among beneficiaries and possess analytical and leadership skills - including the ability to lead difficult conversations and constructively explore conflicting needs – as well as have knowledge on the backgrounds of and relationships between beneficiaries. Regular periodic trainings are recommended for support group and dialogue facilitators to enable them to refresh their skills and to perform as effectively as possible in their work.

Small interventions maximize effectiveness

The findings of this mapping indicate that the size and scope of healing initiatives have a direct relationship with the quality of healing that can be achieved. Therefore, it is better to aim at making a big impact on a small group of participants than a large one, which may result in less effective interventions.

Groups should be comprised of people with common problems

Many interviewees, in particular those working with the group approach, said that bringing

together people with similar problems helps them to share traumatic stories, accept their past and find comfort in the realization that they are not alone in their suffering. As such, target groups should be composed of members who share at least one common problem that needs to be addressed. Group sharing, facilitated by a professional counsellor, liberates and transforms beneficiaries with wounds, as it allows group members at different stages of healing and with different coping skills to help one another build stronger relationships among themselves and within their communities.

Bring diverse groups together with caution

The success of the dialogue technique for healing hinges on effective facilitation of dialogue groups. When bringing diverse – or heterogeneous – groups together in attempts to bridge divisions, it should be undertaken with caution and strategic planning. Inadequate preparation for this technique entails a high risk of aggravating rather than healing wounds and reinforcing old divisions.

Group and community approaches are most appropriate for the Rwandan context

Regarding the choice of approaches for healing, the group and community approaches were found to be the most appropriate strategies for healing in the Rwandan context, which is not to say that the individual and holistic approaches do not also have benefits. This conclusion was drawn from the fact that the genocide in Rwanda left such widespread wounds throughout the entire society that the group and community approaches have the advantage of including a greater number of participants. Furthermore, these approaches have a self-sustaining effect in which the community members come together and tend to stay connected even after the healing interventions come to a close.

Importance of permanent healing groups and dialogue spaces

Permanent groups and spaces for healing, particularly while healing initiatives are active, help to ensure that beneficiaries are left with strong support structures in place when initiatives come to a close.

Importance of holistic and individual approaches

Holistic and individual approaches have their strengths as well. They are particularly suitable for providing healing that is tailored to individuals, especially for those with needs stemming from their wounds. This includes psychological issues (such as depression, anxiety and PTSD) and skills deficiencies, which causes individuals to be unable to support themselves or their families.

Establish strong M&E practices

Regarding the actors involved in healing, the results of this study suggest that there is a lack of awareness, experience and resources to conduct proper M&E procedures in the field of healing. There is a need for M&E practices that help to reflect the stages of healing among beneficiaries and to effectively determine the impact of healing interventions on beneficiaries from time to time.

Establish a forum for healing actors across the country to improve interventions

Based on the data collected from actors and resource persons, intervening in societal healing in Rwanda requires cooperation and partnerships between all those working in the field, including local governments and NGOs. A coordinated forum that brings together all healing actors in the country on a regular basis to encourage partnerships, networking and information exchange of lessons learned, and challenges faced would help to improve interventions in societal healing. It would be of great value to the various organizations in healing who currently have no common platform where they can share with each other and learn from one another. This forum could also be used as a space to address the aforementioned need

for ongoing training of support group and dialogue facilitators to ensure that their work is carried out as effectively as possible.

Establish periodic meetings between healing actors and mental health professionals

There is a need for spaces where healing actors who conduct initiatives on the ground (typically using the group, community and / or holistic approaches) come together alongside professionals in the mental health field to exchange and discuss their experiences, best practices and challenges, and to learn from one another. This will help to bridge gaps between the psychological / psychiatric and social fields, both of which are involved in healing work.

Develop a firm commitment to support and expand healing work through a government framework

In order to address the need for healing in Rwanda, government support is paramount. The Government of Rwanda has an existing national mental health policy as well as a unity and reconciliation policy. It would be beneficial to also have a specific focus on the domain of healing in order to effectively address the need for this specific intervention. It is recommended that the government investigates the best way to develop a framework to support and expand healing work in the country, in line with other recommendations in this study.

Limitations of the mapping of actors and approaches exercise

The mapping exercise only captured a small fraction of the entire actors in healing and reconciliation field. For example, it was not able to interview people who dropped out of the programmes or initiatives due to time limitations. The conclusions drawn by this mapping exercise should therefore not be generalised. However, NAR believes that this mapping of actors and approaches in healing brings invaluable support to actors, policy makers and the Rwandan government - who are all contributing to the healing process of Rwandans.

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Appendices

Appendix A: Interview Guide for Actors in Societal Healing in Rwanda

Introductions

We have come from Never Again Rwanda (NAR).

We are mapping institutional initiatives, approaches and tools in societal healing in Rwanda. This mapping is expected to inform NAR on the upcoming programme, the Societal Healing and Reconciliation programme. Given the reasons why we are doing this, your organization has been chosen purposively to participate in the study. We would like to ask permission to audio record this interview.

Your views are very essential for this activity. Your participation is completely voluntary and you have the right to stop the interview at any time, or skip the questions. There are no right and wrong answers. Your answers will be kept confidential and will only be used for the purposes of this study.

The interview takes approximately two hours. It's very important that we talk in private. Is this a good place to hold the interview or is there somewhere else that you would like to go? Do you have any questions?

Discussion Guide

- How does your institution understand societal healing?
- Who is your target group in healing processes?
- How long has your institution been involved in societal healing?
- What approaches does your institution use in the societal healing process?
- What are the success stories that resulted from your institutional approaches?
- What are the main lessons learned?
- What challenges does your institution face in the implementation of societal healing processes?
- Is there any other approach you can recommend to be used in future societal healing processes?
- What other issues would you recommend to consider in the implementation of the societal healing programme?
- Does your institution / initiative deal only with post-genocide healing?

Closing

We would like to thank you for your time and the ideas you shared with us. Your contribution will be helpful to NAR's societal healing programme.

We would like to inform you about the next steps. We will look at the information you have shared with us and present the findings to actors, researchers and activists working in the area of healing and reconciliation.

Appendix B: Interview Guide for the Focus Group Discussions with Constituents of Healing, Reconciliation and Peace building Initiatives in Rwanda (in English)

Introductions

We have come from Never Again Rwanda (NAR).

We are mapping institutional initiatives, approaches and tools in societal healing in Rwanda. This mapping is expected to inform NAR on the upcoming programme, the Societal Healing and Reconciliation programme. Given the reasons why we are doing this, you have been chosen purposively to participate in the study. We would like to ask permission to audio record this interview.

Your views are very essential for this activity. Your participation is completely voluntary and you have the right to stop the interview at any time, or skip the questions. There are no right and wrong answers. Your answers will be kept confidential and will only be used for the purposes of this study.

The interview takes approximately two hours. It's very important that we talk in private. Is this a good place to hold the interview or is there somewhere else that you would like to go? Do you have any questions?

Discussion Guide

- What approaches does your institution use to address societal problems?
- What are the success stories that your group uses?
- What are the main lessons learned throughout working as a group / association?
- What challenges do you face in your journey to societal healing?
- Is there any other approach you can recommend to be used in future societal healing processes?
- What other issues would you recommend to consider in the implementation of the societal healing programme?

Closing

We would like to thank you for your time and the ideas you shared with us. Your contribution will be helpful to NAR's societal healing programme.

We would like to inform you about the next steps. We will look at the information you have shared with us and present the findings to actors, researchers and activists working in the area of healing and reconciliation.

Appendix C: Interview Guide for the Focus Group Discussions with Constituents of Healing, Reconciliation and Peace building Initiatives in Rwanda (in Kinyarwanda)

Uko Umushakashatsi Yibwira Uwo (Abo) Baganira

Muraho

Duturutse mu muryango witwa Never Again Rwanda (NAR).

Turagenzwa no gukusanya amakuru ajyanye n'ibigo cyangwa imiryango ifite ibikorwa byerekeranye no gukira ibikomere, tukamenya uko ibikora, n'uburyo ikoresha. Iki gikorwa kigamije gutuma NAR imenya neza uko izakora gahunda izatangira mu minsi iri imbere, igamije gufasha umuryango nyarwanda gukira ibikomere. Ikigo (cyangwa umuryango) muyobora ni kimwe mu byo twatoranyije mu byaduha amakuru nyayo muri urwo rwego.

Ibitekerezo byanyu n'ibyo muri butubwire bizaba ingirakamaro muri iki gikorwa twatangiye. Kubituganiraho rero biraterwa n'ubushake bwanyu, kandi ntibyarenza amasaha abiri. Tuboneyeho kandi kubasaba ko mutwemerera gukoresha uburyo bwo gufata amajwi n'amashusho, nk'uko ari yo nzira NAR isanga ifasha cyane mu biganirwa biha buri wese uruhare, binatuma habaho filimi zikubiyemo ibitekerezo binyuranye.

Ibibazo Bibazwa Abakora Mu Rwego Rwo Gukira Ibikomere

- Ese ikigo (umuryango) uyobora (ukorera) cyumva gute icyo bita "gukira ibikomere"
- Ni abahe bagenerwa-bikorwa ba gahunda yanyu ijyanye no gukira ibikomere?
- Ese ikigo (umuryango) uyobora (ukorera) umaze igihe kingana iki muri gahunda yo gukira ibikomere?
- Ese izo gahunda muzikorera mu bihe bice by'igihugu?
- Ese ikigo (umuryango) uyobora (ukorera) gikoresha ubuhe buryo muri gahunda yo gukira ibikomere?
- Ni iki watubwira cyabaye kikagira akamaro kanini, kandi bitewe n'uburyo mwakoresheje muri iyo gahunda?
- Ni ayahe masomo y'ingenzi mwavanye muri iyo gahunda?
- Ni izihe ngorane ikigo (umuryango) uyobora (ukorera) cyahuye nazo mu gushyira mu bikorwa iyo gahunda?
- Mwafashe izihe ngamba ngo mukemure izo ngorane?
- Ese hari ubundi buryo wadushishikariza gukoresha muri gahunda yo gukira ibikomere?
- Ni iki kindi wadushishikariza kwitaho muri gahunda yo gukira ibikomere?
- Ese mwatubwira ibindi bigo cyangwa indi miryango muzi ikora mu byerekeye gukira ibikomere?

Murakoze

Appendix D: Interview Guide for Resource Persons

Introductory Part

Never Again Rwanda (NAR) is in a process of implementing the Societal Healing programme in Rwanda over the duration of four years. A mapping of actors and approaches constitutes the first phase of the societal healing and reconciliation process, which aims to inform NAR regarding existing peace and reconciliation initiatives, best practices, challenges and approaches used in societal healing. The mapping exercise is being conducted with different organisations as well their beneficiaries.

It is in this regard that NAR would like to consult resource persons in the field of healing in order to obtain more information on the questions asked to the actors in societal healing.

Societal Healing and Reconciliation

- What would you say about healing and reconciliation?
- What is your understanding of societal healing?
- What are some of the categories of Rwandans that need societal healing from wounds which were caused by the genocide?
- What are the categories of wounds in Rwandan society?
- What would you say are the major limitations of or challenges to the healing process in Rwanda?
- What are the areas that need particular attention in healing?

Approaches

- What are the recommended approaches to societal healing?
- Dialogue as a healing approach means to open up. How does the facilitator set limits or take precautions to avoid excesses or unintended consequences (“sibyiza guha umuntu urubuga rwokuvuga kuburyo avuga nakasongoye ihwa” (AEGIS))?
- Participants in the mapping of actors and approaches highlighted that creating target groups in a homogenous way was a contributor to the successful work. Is this still appropriate after 21 years after the genocide?

Closing

We would like to thank you for your time and the ideas you shared with us. Your contribution will be helpful to NAR’s societal healing programme.

We would like to inform you about the next steps. We will look at the information you have shared with us and present the findings to actors, researchers and activists working in the area of healing and reconciliation.

Appendix E: Data Collection and Analysis Format

1	Understanding of healing and reconciliation How do you understand healing? How do you understand by societal healing and reconciliation?	
2	Name of your institution/initiative/organization	
3	Year of establishment	
4	Your target groups	
5	Your areas of intervention	
6	Approaches used	
7	Geographical location	
9	Lessons learned	
10	Challenges	
11	Strategies	
12	What other issues would you recommend	
13	Do you only deal with post-genocide healing, and if yes, why?	

(Footnotes)

1 This chart describes the principal approach used by the organizations consulted for this report. However, it is important to note that many of them use more than one approach in their healing, reconciliation and peacebuilding interventions.

2 Duhozanye (for youth) and Duhozanye (for women) have the same name but are different organizations with no affiliation.





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