



Global Grassroots

Treatment of Post-Traumatic Stress Disorder in Post-Genocide Rwanda

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Introduction

On April 6, 1994, a plane carrying Rwandan President Habyarimana was shot down, sparking the swiftest and one of the most brutal genocides the world has ever seen. After a mere one hundred days, an estimated one million people were brutally murdered. As the world watched in horror, the UN estimates that 250,000 - 500,000 women and girls were raped, while countless children witnessed the slaughter of their parents, often times by people they had previously known as friends and neighbors. When the last machete was wielded, the country was left virtually destroyed.

In the fifteen years after the genocide, initial efforts to rebuild the country have been fruitful and the international community currently considers Rwanda a stable country. It has a democratic system of government, and boasts the largest percentage of female lawmakers of any nation in the world. Given the numerous advances Rwanda has made in its social and government structures over the past fifteen years, humanitarian efforts have moved from post-conflict assistance to economic programs. Programs that continue to address the trauma of genocide and the holistic development and healing of individuals are largely absent. This is an important deficiency considering that social change and development are dependent on a potential for learning and growth that is encapsulated in healthy individuals, and that this potential is greatly impaired by trauma and post traumatic stress disorder.

Existence of PTSD and Trauma

A 1999 study by Avega Agahozo, an umbrella organization for genocide widows, studied trauma in women; 80% of surveyed women showed signs of trauma. However, comprehensive studies of PTSD in post-conflict scenarios in sub-Saharan Africa, and more specifically, in post-genocide Rwanda, are extremely rare. It is reported that "only four studies have investigated PTSD in the aftermath of the Rwandan genocide" (Neugebauer et al, 2009).¹

¹ In defining the existence of PTSD, trauma, and its treatment, questions of cultural appropriateness are often expressed. Definitions of illnesses vary from culture to culture, and attempting to make a medical diagnostic using western standards, and without considering cultural references, can be misleading. According to Krippner and McIntyre, an ethnographic study of local perceptions of mental health is an important first step in any cross-cultural study. "Controversy exists about the use of these and other Western clinical mental health indicators in non-Western cultures (Summerfield, 1997,1998). This is partly due to the failure of workers to adequately validate them prior to use, thereby leaving the question of their appropriateness unanswered" (Krippner & McIntyre, 2003).

Neugebauer et al analyze the 1995 National Trauma Survey of 1547 Rwandan children ages 8 to 19 and find that between 54 and 62% (depending on the sample used) of interviewed children exhibited probable PTSD.

Rates of probable PTSD exhibited a positive relationship with degree of exposure to traumatic events in a wartime violence checklist designed for the purposes of the study. Items on the checklist included witnessing killings and having their lives threatened, losing immediate family members, witnessing rape or sexual mutilation, etc. Using a DSM-IV diagnosis of PTSD, the study reports that:

In Sample 1, 95% of respondents reported one or more re-experiencing symptoms, 95% reported three or more avoidance/blunting symptoms and 63% reported two or more arousal symptoms; in Sample 2, these figures were 96%, 95%, and 56%, respectively (Neugebauer et al, 2009)².

While studies such as that done by Neugebauer et al indicate that women living in post-genocide Rwanda report higher rates of post traumatic stress symptoms than men do, these findings are consistent with a range of Western and non-Western studies, indicating that a mixture of biological, cultural and situational factors are probably playing a part in the experiencing and reporting of symptoms.

A significant amount of research indicates similar findings in other war torn populations³, further corroborating the reliability of the study by Neugebauer et al. Given this, and the hindrance that PTSD places on personal and social development⁴, findings of the study underline the existence of post traumatic stress syndrome in post-genocide Rwanda, and a need for its treatment.

Treatment of PTSD

The genocide destroyed infrastructure necessary for effective treatment of trauma and PTSD. "As a result of these dramatic events [the genocide], there was no structure to address the psychosocial needs of these people. The only psychiatric hospital (Ndera hospital) that existed in the country was not operational. In effect, in 1994 all of its patients and most of the staff were killed" (Chauvin, Mugaju, & Comlavi, 1998). All of Rwanda's psychiatrists left during the war (Palmer, 2002). And according to Sally Satel of the American Enterprise Institute for Public Policy Research, even in 2005 there was only one psychiatrist in all of Rwanda (Satel, 2005). By the summer of 2008, three psychiatrists practiced in the country.

² Neugebauer et al also caution that symptoms may present differently in another culture (imposing a downward bias on these results), which the study does not consider.

³ See work by W Thienkrua et al in Southern Thailand, EB Carlson and R Rosser-Hogan in Cambodia, E Hauf and P Vaglum in Vietnam, JD Kinzie, JK Boehnlein, PK Leung, U Moore, C Riley et al in Southeast Asia, etc. For more references see page 12 of the article by Neugebauer et al.

⁴ In the case of this study, researchers report that "rates of 'probable PTSD' were 100% among the most highly exposed survivors, suggesting that extreme catastrophic man-made violence extinguishes psychological resilience" (Neugebauer et al, 2009).

As a result of the destruction of public health infrastructure during the conflict, post-genocide recovery and trauma healing programs began their efforts at a considerable disadvantage. Trauma healing programs were instituted without a solid foundation. Most programs represented a Western philosophy; they were the efforts of international NGOs or of partnerships between the Rwandan government and international organizations. They were budding efforts in a country whose psychiatric infrastructure had never been good, but was now practically nonexistent. As such, the programs failed to be comprehensive and sensitive to the specific context of the genocide. “In 1994, many such interventions [psychosocial interventions] were insensitive to Rwandan culture, economy and politics. In addition, they lacked coherence and coordination between, and within, humanitarian, military and political endeavour (Pottier, 1996; Gracia Antiquera & Morales Suarez-Varela, 1999; Banatwala & Zwi, 2000)” (Palmer, 2002).

A second obstacle to effective provision of trauma counseling for victims of the genocide has been the usual Kigali location of NGOs and counseling programs. Rural women generally do not have the resources to make a trip to the capital, and many NGOs cannot afford to send counselors into different rural areas. When existing, mobile clinics have been successful in reaching greater numbers of patients.

Additionally, the nature of traditional medicine in Rwanda has changed since the genocide, impacting the type of health care that is available to trauma victims. Chauvin et al report that before 1994, most medical care offered in the country was either western medicine or traditional care, which took a holistic approach to healing. Most traditional health care practitioners did not survive the genocide, and traditional medicine has changed to one with an emphasis on herbalism.

It must also be noted that much of the current discourse relabels people as either victims or those associated with the perpetration of the genocide. Programs are often targeted to either the “victims” or the “perpetrators” and reconciliation is often attempted only within these roles. Instead of promoting unity and reconciliation, a basic philosophy of healing continues to divide the country.

November of 1994 saw the birth of a Mental Health Coordination office (under the Ministry of Health). In June of 1995, the National Trauma Center was opened under the Ministry of Rehabilitation and Social Reintegration. The Mental Health Coordination office supervised Ndera Psychiatric Hospital and the National Trauma Center. Ndera offered traditional psychiatry; the National Trauma Center was responsible for those suffering from trauma.⁵

One of the most important public initiatives in trauma healing was a collaborative effort between UNICEF and the Ministry of Health. After the genocide, UNICEF had developed a Children in Especially Difficult Circumstances (CEDC) program, which in turn began a trauma recovery program. Initially, it represented a collaborative effort between UNICEF (CEDC) and

⁵ According to the Centre for Research on the Epidemiology of Disasters, the immediate aftermath of the genocide reflected a desire to separate psychosocial from psychiatric care, but a more holistic perspective was adopted in subsequent years, calling for the unification of both fields when adopting a national mental health policy (Centre for Research on the Epidemiology of Disasters, 1998).

the Ministry of Rehabilitation and Social Reintegration (MINIREISO), but it eventually came under Rwanda's Ministry of Health. It aimed to address the needs of war traumatized children and their caretakers by using a community based approach. This effort brought about the inauguration of the National Trauma Center (NTC). UNICEF's main efforts were focused through the NTC, which was the largest of the projects that "provide psychosocial and trauma recovery interventions, as well as family reunification services under the coordination of the MoH in collaboration with UNICEF and NGO partners" (Chauvin et al, 1998).

The main objectives of the National Trauma Center include capacity building (the training of Rwandan trauma specialists and social agents including teachers, caretakers, social and health workers, and community leaders on issues surrounding trauma after the genocide), the provision of "outpatient clinical services to severely traumatized children, adults, and families (clinical support)" (Chauvin et al, 1998), the organization of campaigns to sensitize communities around trauma (community oriented approach), research on genocide (collection of data), government assistance (coordination/capacity building), and coordination of "all psychosocial activities (coordination)" (Chauvin et al, 1998).

A 1998 evaluation of the UNICEF and NTC programs in Rwanda found that over 25,000 social workers were trained in two day courses between 1995 and 1998. The purpose of the courses is to teach caregivers to interact with traumatized children at work. Chauvin et al found that still more social workers and trainings were needed, and with a better focus on counseling. In addition, they suggest "training a core group of professionals to be able to carry out both the clinical work and to supervise the mental health clinicians and the trauma advisors working on the district level" (Chauvin et al, 1998).

In evaluating the clinical support program, the researchers found that need for clinical services overwhelmingly exceeded what the staff provided. Less than 1% of the target population was reached between 1995 and 1998, in part because of the location of the NTC in a remote Kigali suburb. The installation of mobile clinics that worked two days a week increased attendance significantly. "Lack of involvement of health care professionals in general" (Chauvin et al, 1998) was also reported as a major flaw.⁶

In the aftermath of the genocide, NGOs' activities in trauma healing helped address a dire need that could not be met by the Rwandan government's capacity. In efforts to provide safe spaces for victims of the genocide, large NGOs gave a minimum of training in trauma counseling to local workers. The purpose of this method was to efficiently create workers able to give counseling at a very basic level. See appendix for a list and contact information for key NGOs working in Rwanda on trauma healing.

Unfortunately, these programs have not provided an effective long term solution to the widespread trauma created by the genocide. According to USAID's Center for Development Information and Evaluation, "even these useful programs [...] fall short of meeting the huge need. Moreover, urban women are generally more likely than rural women to find access to assistance" (Newbury & Baldwin, 2000). Fifteen years later, many organizations are now

⁶ More updated information on the government's role and the National Trauma Center is needed. The information used dates from 1998.

switching their limited resources and focus from genocide trauma healing to other issues deemed more current like HIV treatment and care. However, the gap between the need and delivery of trauma care in Rwanda still exists to a large extent.

Appendix 1 provides a list of organizations currently working on trauma issues in Rwanda.

Conclusion

Since the initial response to the genocide in Rwanda, efforts have been made to reevaluate the importance of psychosocial support after significant exposure to trauma. Unfortunately, in most post-conflict countries like Rwanda, there are fewer economic, physical and environmental resources to help build human capacity, promote social ecology and strengthen the culture and values of a community, upon which psychosocial well-being is dependant (Psychosocial Working Group, 2004). Further, poverty continues to exacerbate the despair and lack of emotional wellbeing endured by survivors of war and conflict. Fifteen years after genocide, the need still exists for expanding the capacity of existing mental health treatment programs and investing in new programs to address the underlying trauma and its impact on the capacity of individuals and communities to rebuild effectively after war.

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APPENDIX 1

Actors and Organizations working in the psychosocial field in Rwanda

Government institutions:

National Unity and Reconciliation Commission (NURC) Indirectly related to government structures for the healing of trauma is the National Unity and Reconciliation Commission, “a government program in Rwanda dedicated to creating a peaceful, united, and prosperous nation” (2008); its programs aim to reestablish a fabric of social trust that was destroyed during the genocide. NURC partners with Survivor Corps (see below) to support projects of national reconciliation.

Telephone: +250 571761 , 571766

Fax: +250 571759

Email: unity@rwanda1.com

Academic institutions:

The **Université Nationale du Rwanda** (National University of Rwanda) has a department of clinical psychology through the Faculty of Medicine. It offers both a bachelor and masters degree in clinical psychology. It is not possible for doctors to specialize in psychiatry in Rwanda—the country is currently unable to train its own psychiatrists.

Religious groups:

Religious charities have played an important role in the treatment of trauma in Rwanda. Some of the larger organizations include the following:

Caritas

Caritas Rwanda was founded in 1962 as an independent, Catholic, non-profit organization. It was incorporated into Caritas International in 1965.

Caritas has a strong partnership with Handicap International, as well as with Trocaire (see below).

Caritas Rwanda figures:

Budget US\$1.28 million

Paid Staff 500

Volunteers 1000

Beneficiaries 100,000

Rwanda contact:

President: Archbishop Thaddée Ntihinyurwa

Secretary General: Fr Oreste Incimatata

Head Quarters: Rue du Commerce, Kigali, Rwanda

Postal address: B.P. 124, Kigali, Rwanda

Telephone: +250 75 786

Fax: +250 574 254

Email: caritas1@rwandatel1.rwanda1.com

Website: www.caritasrwanda.org

The **Lutheran World Federation** has been among the Christian groups involved in trauma healing. They have partnered with the **Action by Churches Together (ACT)** network. As many other organizations, it has established a solid partnership with the Rwandan government. They focus on issues of peace and reconciliation, and have established a memorial, as well as interfaith groups in the Rukira district, among other places. “Leaders mainly focus on trauma counseling for genocide survivors; promoting peaceful co-existence between Rwanda’s ethnic groups; and dealing with issues such as HIV and AIDS” (2006). Rev. Theonesti Mugengana, the leader of the group, argues that challenges are complex, particularly when taking into account that many of the counselors are themselves traumatized.

Hermine Nikolaisen - Resident Representative

Kigali, Rwanda

Phone: +250 584 460

Mobile: +250 083 005 56

Email: hnikolaisen@lwf.org.rw

Headquarters Address:

150, route de Ferney

P.O. Box 2100

CH-1211 Geneva 2

Switzerland

Fax: +41/22-791 66 30

E-mail: info@lutheranworld.org

Trocaire (Ireland)

Trocaire is a development agency of the Irish Catholic Church. This organization has been present in Rwanda since 1994, when it instituted an emergency response after the genocide. Since 2000, it has implemented a development agenda, and emphasized programs that target poverty, peace and reconciliation, and civil society development. Trauma counseling is one of their support programs. In 2006-2007, Trocaire spent 1.7 million euros in Rwanda.

Trócaire Head Office, Maynooth, Co. Kildare, Ireland.

Tel: +353 1 6293333

Fax: +353 1 6290661

It is also possible to contact Trocaire by filling out an online form at <http://www.trocaire.org/en/contact-us>

Local NGOs: Principal local NGOs and their trauma recovery programs are summarized below.

ARCT-RUHUKA

Since 1998, ARCT offers trainings for trauma counselors in conjunction with Rwanda's Ministry of Health. It is one of the more active and respected organizations, and collaborates closely with district authorities in the training of counselors. In 2006, it established the ARCT-RUHUKA Trauma Center in Kigali.

In the past, the organization has focused on adolescent trauma as being central to nationwide development and healing. In 1999, ARCT-RUHUKA began a pilot adolescent program in one secondary school in Kigali. Counselors gave trainings to staff and provided direct counseling services to students. Results of the pilot program were positive, and ARCT created a longer term program in four needy schools: "Trauma Awareness, Healing, and Group Counseling."

The project started in February 2001 at two schools and lasted until October 2004. It was implemented by four fully qualified trauma counsellors, two at each school. In the second year of the project, two other schools were selected and two more counsellors were employed, and two counsellors were moved from the first two schools to the new schools. One trainer/supervisor was appointed as a Project leader. This official was responsible for the organisation and implementation of the project. She supervised the counsellors, kept in touch with the directors and staff of the schools, and was responsible for monitoring and reporting. Three of the schools were located in, or near towns, one was deep in a rural area. Total students for all schools was 2809. (Olij, 2005).

Training involved all staff members at the participating schools; the Helpful Active Listening program was used. Additionally, all new staff at the schools was trained in these methods at a later date.

Following the training of the staff, sensitization workshops were offered to the students. They involved learning about the "existence, causes, and symptoms of trauma" (Olij, 2005). Later sessions broached themes of sexuality, AIDS, rape, and adolescent issues. Additionally, more specific workshops targeted the local authorities (focusing on the need for constant support and intervention), as well as nearby schools. 530 sensitization sessions were given, reaching about 4000 people.

Finally, direct counseling was offered to school community members. Counselors held office hours almost every day. In addition, group counseling sessions were offered. Children usually started with individual counseling sessions, but were encouraged to move on to group sessions when they were ready. In group sessions, children traumatized by different types of events were brought together; children of people accused of perpetrating the genocide could be placed with children of victims. They discussed the genocide, their families, and their individual responsibility to ensure that similar events did not repeat themselves. Some counseling groups were also formed in neighboring schools.

Additionally, anti trauma groups at the four schools were set up. Their members were trained in Helpful Active Listening, which they use to sensitize other students around trauma. Clubs each have 50-100 student members, and are advised by staff.

The clubs sensitize other students on symptoms of trauma through: psychodrama, poems, dancing, counseling and support of fellow students. The cultural events, including the drama, as well as sport-activities, are all meant as therapy. Club members also received training in Helpful Active Listening. Large parts of the membership in the

clubs were traumatized and therefore use their own experiences in the activities. (Olij, 2005).

Telephone (Office): (250) 785 91

Address: B.P 2040 Kigali

Asoferwa (Association de Solidarité des Femmes Rwandaises)

“Founded in September 1994 to assist widows, single mothers, and orphans, this group had grown to more than 1,500 members by 1999. With 40 paid employees, many of them social workers, Asoferwa has been able to provide a variety of social services in different parts of the country, including psychosocial counseling for young people in prison. The association is particularly proud of having built a model village at Ntarama, with assistance from the United Nations High Commission for Refugees and other donors” (Newbury & Baldwin, 2000). Asoferwa works with group counseling for victims of trauma. As late as 2008-2009, the organization received a grant from the Canadian International Development Agency for \$56,689; the organization is currently active.

2 different sources have different contact information:

1. Phone: (250) 739-84

Fax: (250) 739-85

Address: Boulevard de la Paix

B.P. 565

Kigali

2. Kimihurura, Avenue Umutekano n° 22

B.P. 565 Kigali-Rwanda Kimihurura, Avenue Umutekano n° 22

Tél. : (250) 58 63 94

Fax : (250) 58 44 13

E-mail : asoferwa@rwanda1.com

Avega Agahozo: A large and active women’s organization, founded in 1995, Avega Agahozo had 10,000 members by 1999. The organization is based in Kigali, but promotes a strategy of decentralization in order to meet the needs of people all over Rwanda; it currently has two regional offices outside of the capital.

Avega Agahozo boasts over 650 trained volunteer trauma counselors across the country; counselors are usually survivors themselves. Avega’s psycho-social-medical program, created in 1997, is at the core of the organization. It offers medical services and trauma counseling to victims in all provinces of the country. Today, the organization has two full time counselors for traumatized victims of the genocide. Counselors receive training from Medecins Sans Frontieres-Belgique (Doctors without Borders-Belgium), as well as from ARCT (Rwanda Association for Trauma Counselors). Types of trainings include Helpful Active Listening, trauma counseling, individual and group counseling.

Additionally, Avega Agahozo has offered medical services since 1997. They have a clinic with a fulltime nurse and lab assistant, as well as a doctor that comes once a week to tend to serious cases. Since June of 2001, Avega also runs a program which specifically benefits victims of sexual violence with AIDS. Members who test positive for AIDS benefit from medical assistance, as well as social and trauma counseling.

Association of Genocide Widows – AGAHOZO
PO 1535 Kigali
Tel (+250 516125)
Fax (+250 516126)
Présidente(+250)08520115
Secrétaire Exécutive (+250)08520122
Chargé des projets (+250)08524929
Email: avega@rwanda1.com
<http://www.avega.org.rw/English.html>

Benishyaka: Benishyaka is a local NGO with a purpose of caring for widows and orphans of the Rwandan genocide. They approach their mission from a holistic perspective, looking at all aspects of personal development, from skills training to shelter programs to paying orphans' school fees. They also have a program of psychosocial counseling for victims of sexual violence and for traumatized children. (2009 info)

Benishyaka Association
Kacyiru, Boulevard de l'Umuganda, opposite Novotel Umubano Hotel, 2nd Floor.
P.O. Box: 1091 Kigali-Ville, Rwanda, Tel/Fax: (250) 87083,
Email: benasoc@rwandatel1.rwanda1.com

Ibuka: Ibuka is a large, umbrella organization for organizations that support genocide survivors. It was founded in 1995 with a mission of helping survivors of the genocide. It represents its organizations nationally and internationally. It originally partnered with the International Criminal Tribunal for Rwanda, but suspended this cooperative agreement in protest of what they perceived to be mistreatment of witnesses—survivors of rape were asked inappropriate questions by the tribunal. In the past, Ibuka has sponsored two international conferences: “The Genocide of the Tutsi in Rwanda” in 1998, and “Life after Death” in 2001. Ibuka partners with other organizations in training survivors to become counselors who will help others overcome their trauma. (2005 info)

Association Ibuka
info@ibuka.org
BP 625 Kigali
Tel/Fax: (250)76446
E-mail: info@ibuka.net

Ibuka Memoire & Justice
Rue de la Prévoyance,58
B-1000 Bruxelles
Tel/Fax: 3225132144
E-mail : ibuka_rwanda@yahoo.fr

Icyuzuzo: The widows association of Icyuzuzo is located in Kigali and provides psychosocial support for women through clinics.

Eugene Twagirimana- Executive Director
twagieugene@yahoo.fr
Tel: 250 504 488

Cell phone: 250 08 557 293

icyuzuzo@yahoo.fr

Location: Nyamirambo, Electrogaz Building, 2nd Floor. Opposite Regional Stadium, B.P. 2576, Kigali

ProFemmes Twese Hamwe: One of the main umbrella organizations for women's organizations throughout the country, ProFemmes has partnered with a variety of international organizations. ProFemmes has over 40,000 members throughout the country. In the past, it has placed particular emphasis on Gacaca courts, advocating for deeper involvement of women in the judiciary process; it has also been heavily involved in peace and reconciliation, especially in reintegrating former combatants. In 2003, it partnered with International Alert to begin a campaign of information surrounding Gacaca courts; the organizations aimed to educate women about dealing with the trauma of rape and war through their active participation in the courts. ProFemmes offers counseling services for traumatized women and children, as well as training and education programs for women.

<http://www.profemme.org.rw/>⁷

Rwanda Women's Community Development Network: RWN runs clinics and support centers for women, known as the Polyclinic of Hope. The organization partners with local and international organizations and is part of a network of over forty community based organizations in Rwanda.

RWN was created by Rwandan women in 1997 and originally funded by Church World Service, even though its funding base has expanded to include other donors. A wide reaching and versatile group, RWN promotes the holistic development of individuals. It recognizes that mental health is central to the personal and socioeconomic development of its target population, and works on addressing health and trauma issues in widows and women victims of sexual violence. Activities designed to promote socioeconomic empowerment are supplemented with trauma healing and legal rights education.

The Polyclinic of Hope offers psychosocial support and trauma counseling, as well as socioeconomic development and human rights empowerment. The group also determined that the need for shelter was pressing, and constructed twenty houses for women, catering to approximately 100 people. "The houses are clustered around a centre implementing "the Polyclinic of Hope experience" [...] This complex, which is a forward-looking space for healing, has come to be known as the Village of Hope" (Kinoti, 2005). The organization has a vision of seeing this model replicated throughout Africa, and has developed a manual for grassroots organizations.

The main center is in Nyamirambo, but new locations have been established in the Bugeresera, Huye, and Gusabo districts. Their activities benefit about 5,000 people; their model includes heavy community involvement and volunteerism from among their beneficiaries.

⁷ Their webpage is not constantly updated—at some point it refers to a future ceremony that was to take place in 2003.

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International NGOs and multinational development organizations:

Action Nord Sud/Handicap International (France)

This organization has been present in Kigali since 1994. From 1994 to 1996, it put in place an emergency post conflict program. From 1996 to 2006 it chose to focus its efforts on rural development, especially the psychosocial development of children with psychological problems and the rehabilitation of those with physical handicaps. Since 2006 it has continued its efforts to provide psychosocial support for children and youth, as well as to rehabilitate those with handicaps. It has also directed its attention to those who suffer from HIV/AIDS and epilepsy, all while incorporating elements of mental health into its program.

The Handicap International team is based in Kigali, and has 35 members, 5 of whom are expatriates. Among its members it has 5 psychologists and 2 psychosocial advisors.

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Takoma Park, MD 20912-4468 USA
Phone: (301) 891-2138
Fax: (301) 891-9193
Website : www.handicap-international.us
E-mail : info@handicap-international.us

Luna Children's Charity: Founded in 2009, Luna is a new organization, and smaller and less established than the others detailed in this document. It offers trainings in peace, reconciliation, and trauma treatment; Luna utilizes the CATT (Children's Accelerated Trauma Technique) developed by Carly Raby⁸ as a basis for several training programs, including trainings of trainers.

Luna has a four day course for front line staff members to teach them the skills required to deal with traumatized children and youth. According to the Luna website:

Participants will learn how to teach skills in peace and reconciliation on day 1, based on the peace education programme before moving on to creating working agreements, covering issues such as child protection and safeguarding children and young people on day 2, and finally exploring methods that we have found children will engage with to

⁸ Note: I have been unable to find any reviews or outside information on this technique. Contact information for Carly Raby and Luna is: carly.raby@googlemail.com

help them to overcome traumatic experiences using arts on day 3. We have found it useful to have day 4 free for discussion and questions (2009).

Their general trauma treatment and community building training lasts seven full days (with time for discussion given in the evenings) and is broken up as follows:

Day 1: Basic mental health and emotional well being training

Day 2: Psychosocial Education and the role of the community in emotional well-being

Day 3: Children's Rights and safeguarding

Day 4: Trauma Treatment for adults

Day 5: Trauma Treatment for children

Day 6: Community Building

Day 7: Revision of learning and questions/ discussion/ debate (2009).

Medecins du Monde (“Doctors of the World”) (France)

In Rwanda, Medecins du Monde has formed a partnership with IBUKA (see above list of local NGOs). Their operations benefit around 26,000 people in Rwanda. Together, the two partner organizations offer medical and psychological support to survivors of the genocide in Kigali and sectors of Buhoro, Kibeho, Gatonde, Kibilizi, Busogo, and Musanze.

In its website, the Rwanda mission of Medecins du Monde discusses Gacaca courts as a system of justice inspired by Rwandan culture in terms of conflict resolution, but a system that genocide survivors see as reviving traumatizing events of 1994⁹ (Medecins du Monde, 2009). Medecins du Monde and IBUKA focus their medical and psychological efforts (psychological support, help in the resolution of traumatisms, development of social connections) on those involved with the Gacaca courts. Medecins du Monde also emphasizes its support of IBUKA’s institutional development.

Médecins du Monde
62, Rue Marcadet
75018 Paris
Téléphone : 01 44 92 15 15
Fax 01 44 92 15 99

To contact Medecins du Monde electronically, fill out a form at:

http://www.medecinsdumonde.org/gb/nous_contacter/demande_d_informations

Save the Children (UK)

Save the Children UK focuses on projects of education, health, and child protection services; in the past, it has done substantial work with child soldiers by partnering with UNICEF and the International Rescue Committee in providing them with psychosocial support and education.

⁹ The original webpage is in French: “un système de justice inspiré de la culture rwandaise en matière de règlement des conflits, mais que les rescapés du génocide voient comme un système ravivant les traumatismes de 1994” (Medecins du Monde, 2009).

Telephone: 020 7012 6400 (or 0044 20 7012 6400 if calling from outside the UK)
Email: supporter.care@savethechildren.org.uk

1 St John's Lane
London EC1M 4AR
United Kingdom

Save the Children USA and Red Barnet (Save the Children Denmark) have also been active in Rwanda.

Red Barnet
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Telephone: (+ 45) 35 36 55 55
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Save the Children U.S. Headquarters:
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twebster@savechildren.org
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Washington, DC 20036
Tel: 202-640-6600

Survivor Corps (USA): Survivor Corps works with former combatants and supports survivors who are testifying at the Gacaca courts, as well as with Rwandans with disabilities. The organization has numerous partners, including IBUKA and ARCT-RUHUKA, with which it works to provide both direct counseling and to train genocide survivors to provide peer support to traumatized victims.

Survivor Corps recognizes the potential for reconciliation inherent in the Gacaca court system, but also the possibility for yet another traumatic experience for survivors who are testifying. The organization trains survivors to provide peer support to victims who are testifying, and works with them throughout the reconciliation process, even after the actual hearings have ended.

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World Vision Rwanda (USA): In 1996, World Vision created a Psychosocial Support Program (PSSP) to address issues of trauma after the genocide. Community based interventions were used in the Kigali Rural Prefecture: teachers, community health workers, and special community trauma monitors and counselors were trained to help survivors.

Currently, one of the programs put in place is PRAY (Peace and Reconciliation among Youth), which trains youth on peace and reconciliation, and involves them in creative arts that hope to deliver a message of forgiveness and tolerance. In addition, World Vision continues to offer personal development workshops, mentorship programs, a drop in center, and to train peer counselors.

United States customer service mailing address

World Vision
P.O. Box 9716, Dept. W
Federal Way, WA 98063-9716

United States headquarters address (do not send mailings)

World Vision
34834 Weyerhaeuser Way So.
Federal Way, WA 98001

World Vision United States e-mail address

info@worldvision.org

Telephone numbers

General inquiries: 1-888-511-6548

U.S. headquarters switchboard and voicemail: (253) 815-1000

According to L. Chauvin et al, the highest number of NGOs operate in Kigali. Caritas works in all prefectures.